

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

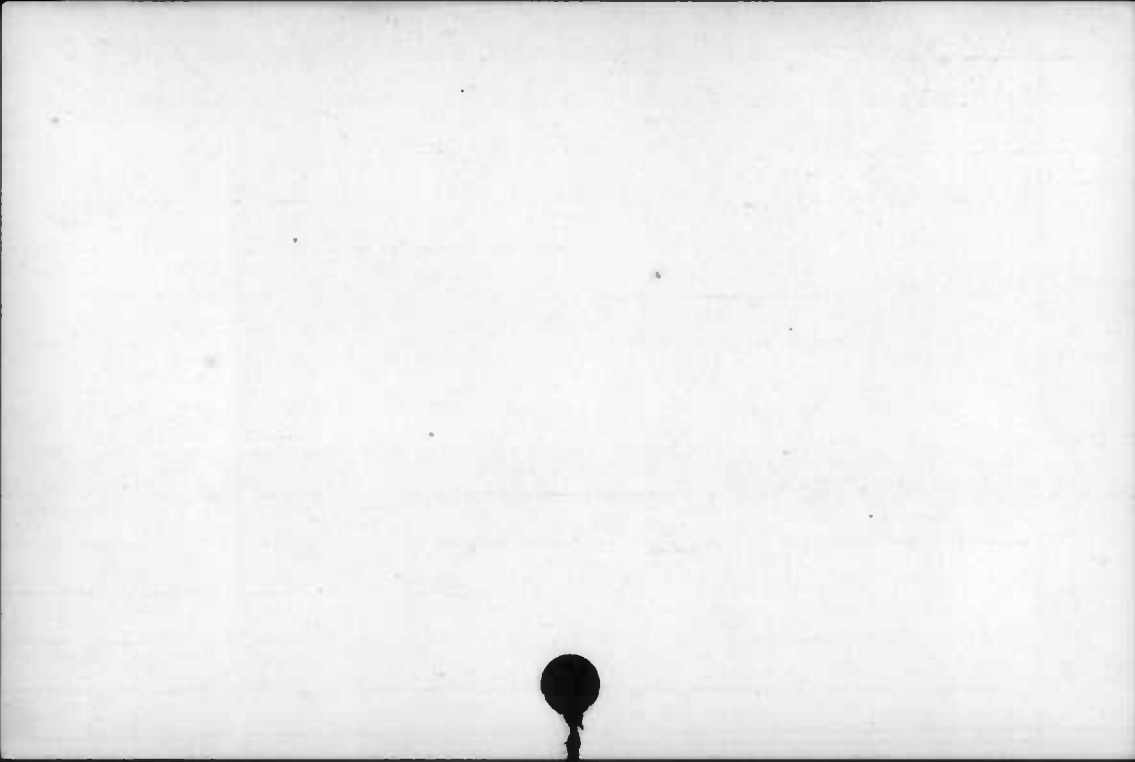
Died at <i>Burkittsville</i> ^{Town} <i>Fred.</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan.</i>	Day <i>24</i>	Age <i>0</i> Years
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Burkittsville</i>
Occupation <i>None</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband		
Father's Name <i>William Ahalt</i>	Father's Birthplace <i>Fred. Co. Ind.</i>		
Mother's Maiden Name <i>Pearl Boyer</i>	Mother's Birthplace <i>Fred. Co. Ind.</i>		
Name of person giving information <i>William Ahalt</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Asphyxia</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. Miller</i>
	Address <i>Burkittsville Md.</i>
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

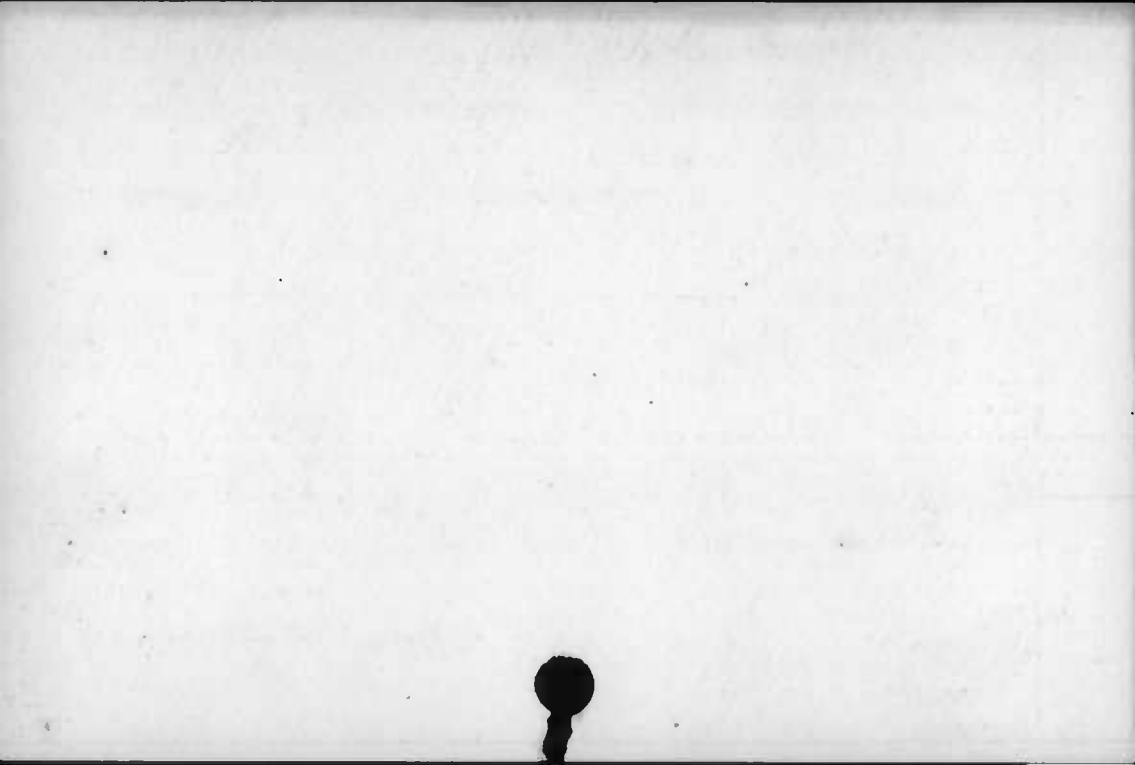
CERTIFICATE OF DEATH

MARYLAND

Died at Levin Kilm TownCounty TredDate of death: 1909 Jun Month 29 Day 4 Years 7 Months 25 DaysSex MaleColor or Race NegroBirth-place NedOccupation —Where Residing if not
at place of death SumnerMarried, Single
or Widowed SingleName of Wife or
Husband —Father's Name William MubushFather's Birthplace NedMother's Maiden Name Dora HallmanMother's Birthplace NedName of person giving
information Wm MubushHow related
to deceased Travler

CAUSES OF DEATH

Primary Tellin bottle of boiling waterHow long —Immediate ShockHow long 12 hrsAre the name, age, sex, color, date
and place correctly given above? YesSignature of Physician T. Clyde RountonAddress BirchingtonAccident or Suicide? Accident



Name
in
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James A. Boyer

CERTIFICATE OF DEATH

Died <i>near New Market</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>10</i>	Age <i>58</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fredrick Co. Md</i>		
Occupation <i>Miller</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Peter Boyer</i>	Father's Birthplace <i>New London</i>				
Mother's Maiden Name <i>unk</i>	Mother's Birthplace <i>Jefferson, Miss.</i>				
Name of person giving information <i>Willis B. Boyer</i>	How related to deceased <i>1 Brother</i>				

CAUSES OF DEATH

93

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Howard H. Hopkins Jr

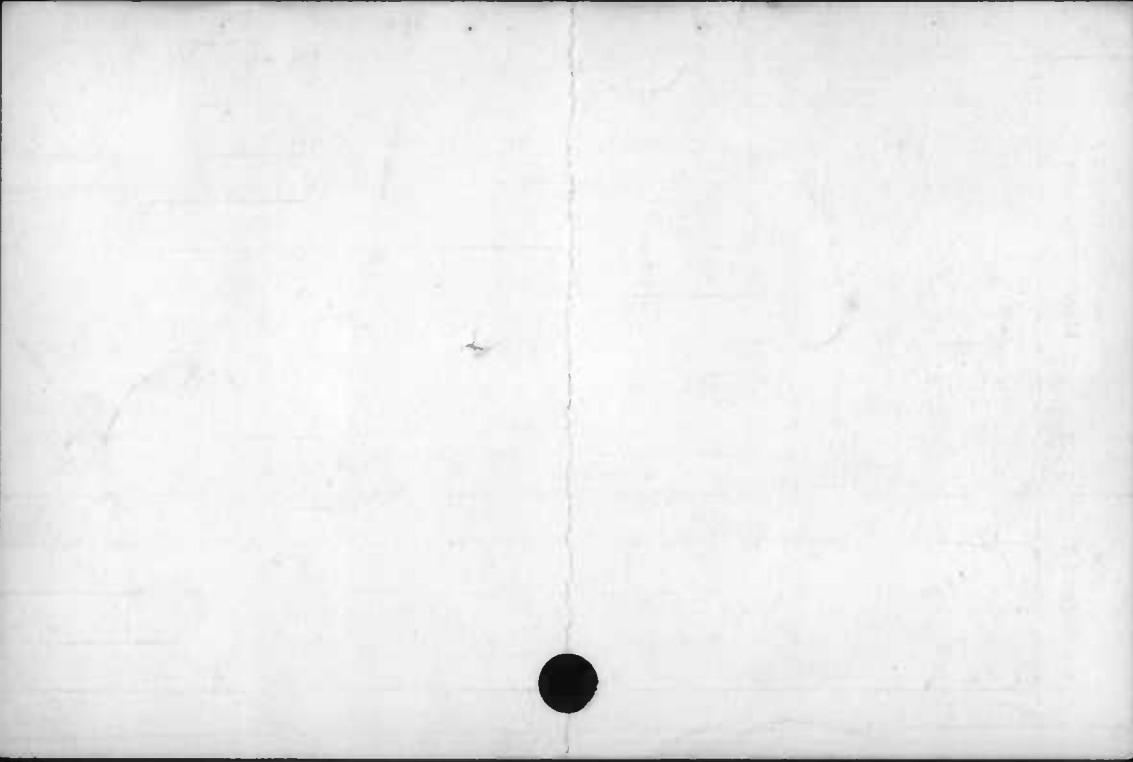
Address

New Market
Fredrick Co., Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mrs. Laura B. Bremmisen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

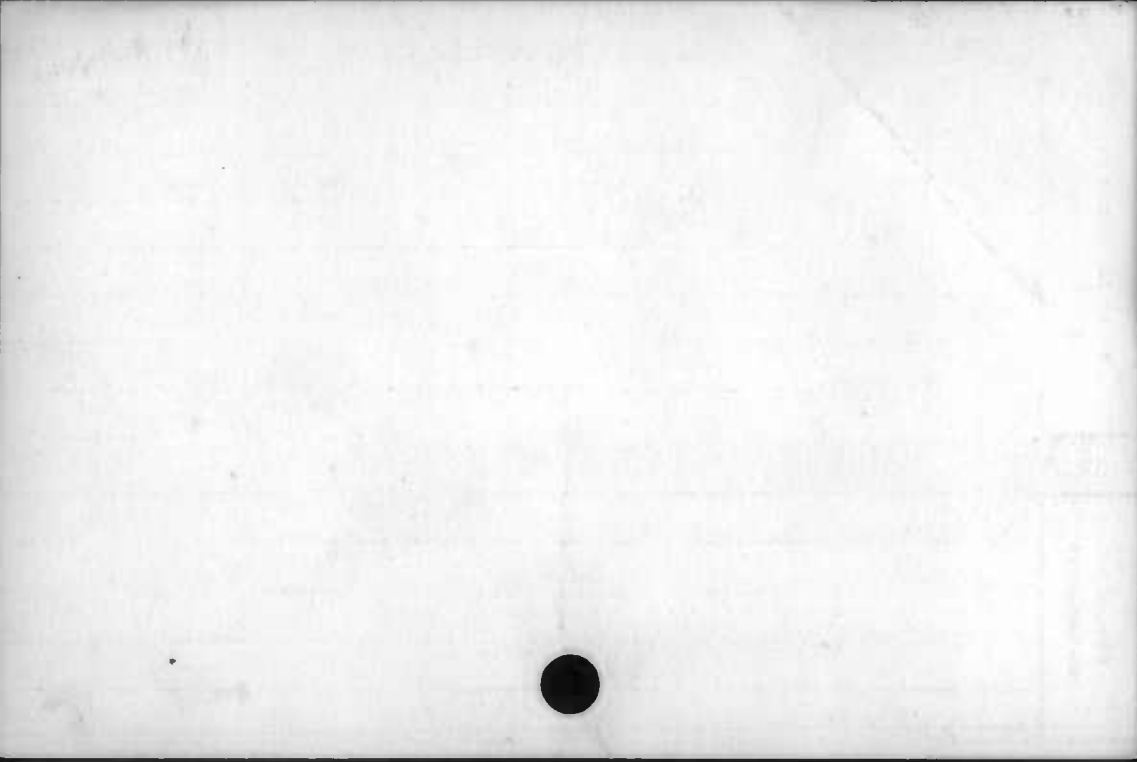
Died at <u>Unionville</u> <small>Town</small>		<u>Fredricks</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u>	<u>Jan</u> <small>Month</small>	<u>15</u> <small>Day</small>	Age <u>87</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>23</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Heronymus Bremmisen</u>			
Father's Name <u>Joshua Young</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Hannah Barnes</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>A. P. Bremmisen</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary <u>Infirmities of age</u>	How long
Immediate <u>Exhaustion</u>	How long <u>Sudden</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thomas P. Sappington, M.D.</u>
	Address <u>Unionville</u>
	<u>Maryland</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles G Brown		Town Middleton		County Frederick		State MARYLAND	
Died at Middleton		Month Jan		Day 9		Age 1	
Date of death 1909		Month Jan		Day 9		Years 1	
Sex Male		Color or Race White		Birth-place Ind		Months 2	
Occupation None		Where Residing if not at place of death Ind		Days 3			
Married, Single or Widowed Single		Name of Wife or Husband None		Father's Birthplace Ind		Mother's Birthplace Ind	
Father's Name Charles F Brown		Mother's Maiden Name Laura R Sommers		Name of person giving information T P Brown		How related to deceased Father	

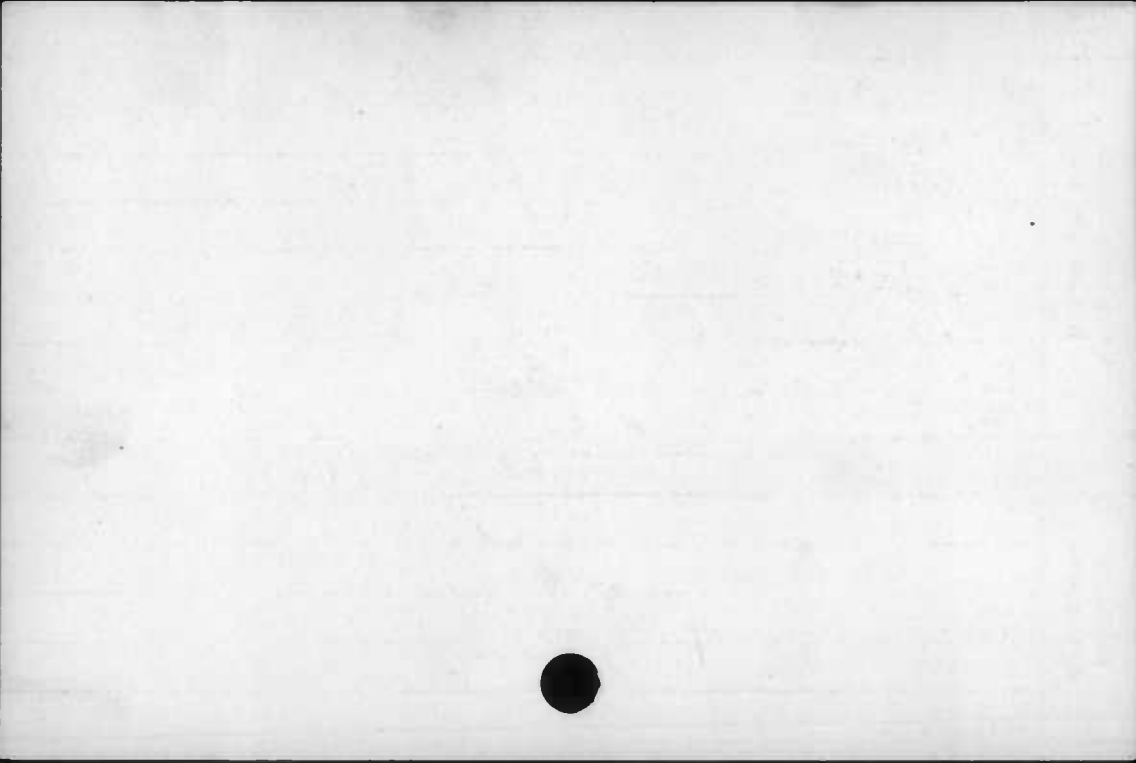
Suppurative Adenitis: Cervical

CAUSES OF DEATH

144

PHYSICIAN
OR CORONER

Primary Cervical Adenitis (Suppurative)	How long 4 weeks
Immediate Laryngeal infiltration	How long 3 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E L Beckley
	Address Middleton
Accident or Suicide? Ind	



Name
in
Full

Conrad

Brust

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

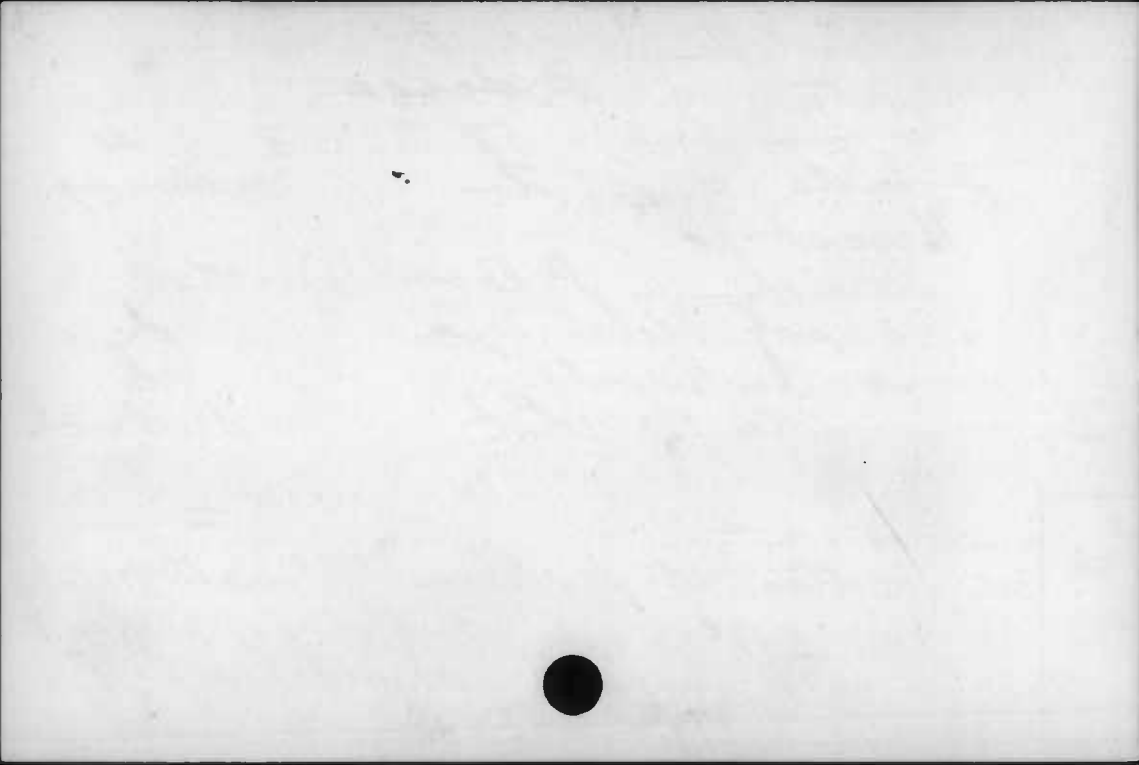
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1909	Month July	Day 5	Age Years 71	Months 4	Days 21
Sex Male		Color or Race white		Birth- place			
Occupation Engineer				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Louisa Sandmeyer					
Father's Name		Casper Brust				Father's Birthplace Germany	
Mother's Maiden Name		Elizabeth Fulmer				Mother's Birthplace "	
Name of person giving In formation		August Brust				How related to deceased Son.	

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Cirrhosis Liver	How long	?
Immediate	Exhaustion	How long	four days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. Crawford	
		Address Frederick Md	
Accident or Suicide?			



Name
in
Full

Mary Elizabeth Burkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} Emmitsburg ^{County} Frederick

Date of daath 1909 ^{Month} Jan ^{Day} 28 ^{Age} 57 ^{Years} (57) ^{Months} 3 ^{Days} 17

Sax ^{Female} Color or Race ^{White} Birth-place ^{Emmitsburg}

Occupation ^{Housewife} Where Residing if not at place of death ⁼

Married, Single or Widowed ^{Married} Name of Wife or Husband ^{Peter Burkett}

Father's Name ^{Nicholas Adelsburger} Father's Birthplace ^{Ind}

Mother's Maiden Name ^{Jorah Handly} Mother's Birthplace ^{Ind}

Name of person giving information ^{Peter Burkett} How related to deceased ^{Husband}

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary ^{Noxa} How long ⁼

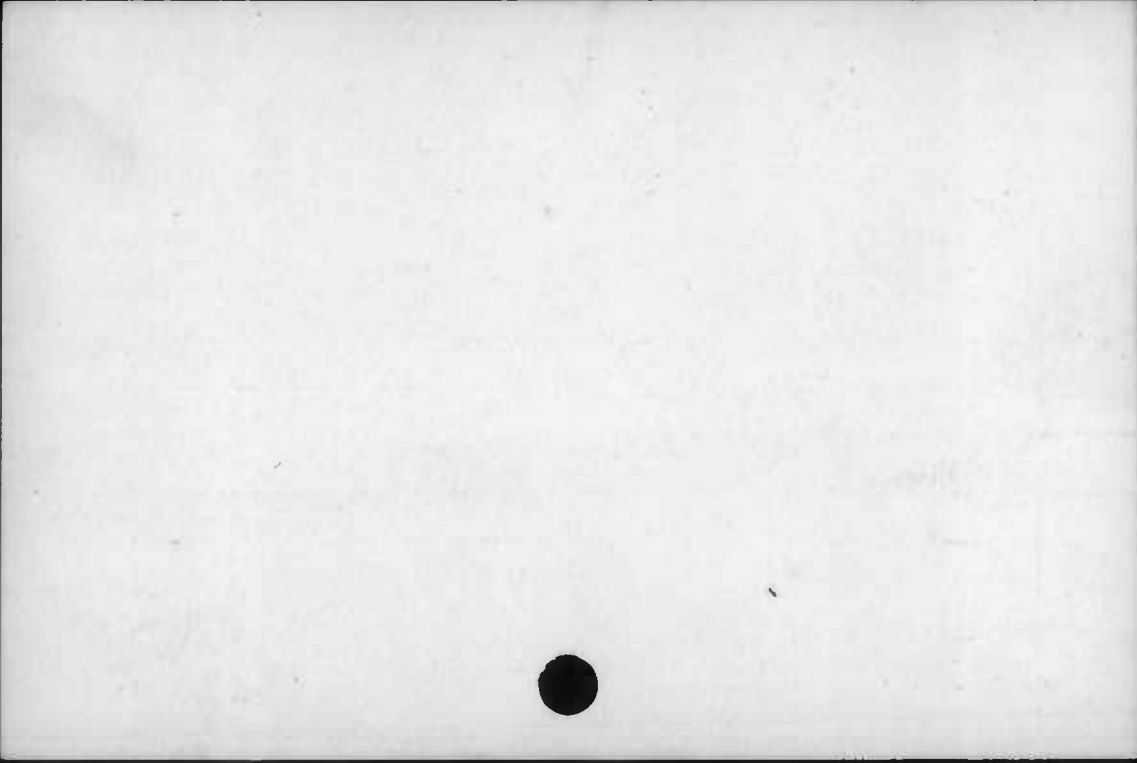
Immediate ^{Acute Indigestion} How long ^{Nine Hours}

Are the name, age, sex, color, date and place correctly given above? ^{Yes}

Signature of Physician ^{John B. Brown}

Address ^{Emmitsburg}

Accident or Suicide? ^{Ind.}



Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

John David Castnail		Frederick		Frederick		MARYLAND	
Died at		Town		County			
Date of death		Month		Day		Year	
1909		1		27		Age 46	
Sex		Color or Race		Birth-place		Months	
Male		Black		Frederick Co. Md		8	
Occupation		Where Residing if not at place of death		Days		17	
White-Washer		Same					
Married, Single or Widowed		Name of Wife or Husband					
Married		Ellen Norris					
Father's Name		Father's Birthplace					
Henry Castnail		Maryland					
Mother's Maiden Name		Mother's Birthplace					
Harriet Caesar		"					
Name of person giving Information		How related to deceased					
Moss Castnail		Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Degeneration	How long	About 12 months
Immediate	Cerebral Apoplexy	How long	Several days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		U. G. Bacon M.D.	
		Address	
		Frederick, Md.	
Accident or Suicide		over	

Interment Jan 29 - 1909.

" at Laboring Sons, Cur.

Thomas R Rice F. & O.

Dr Bourne

Dr McHardy,

Name
in
Full

Henry Blunk

CERTIFICATE OF DEATH

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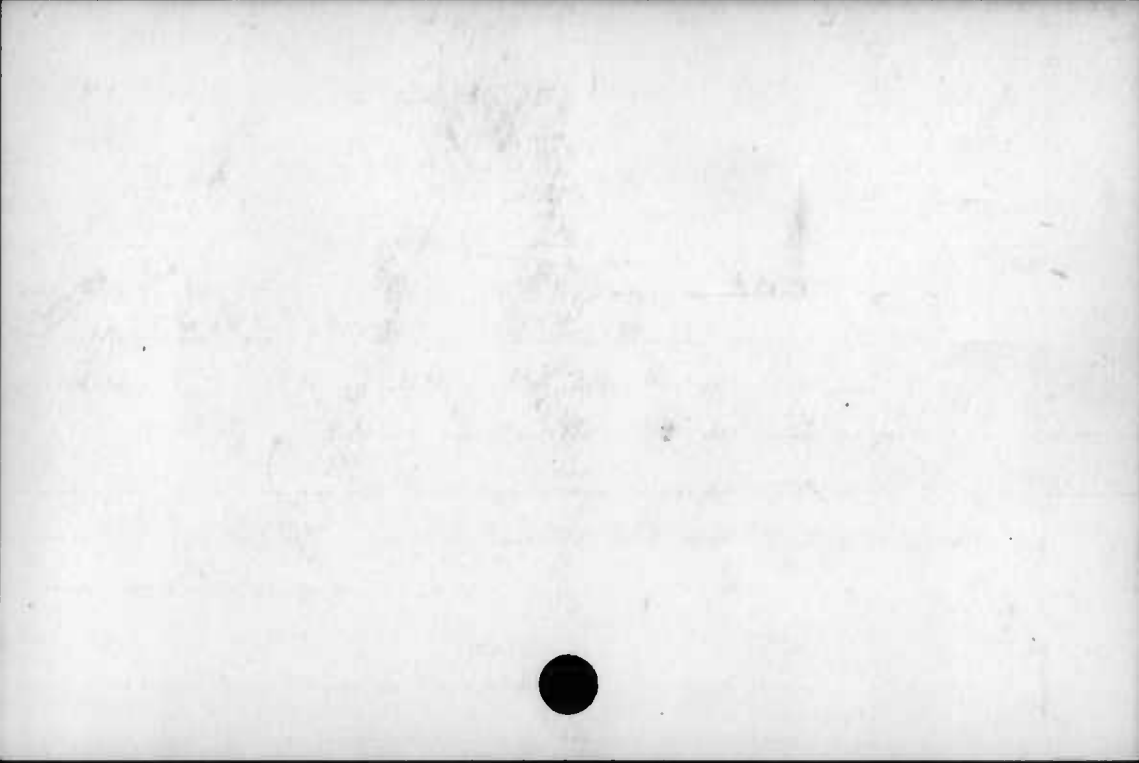
Died at <u>near Emmitsburg</u> ^{Town} <u>Frederick</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> Month <u>1</u> Day <u>14</u> Age <u>59</u> Years Months <u>7</u> Days <u>5</u>			
Sex <u>Male</u> Color or Race <u>White</u> Birth-place <u>Penna</u>			
Occupation <u>Laborer</u> Where Residing if not at place of death <u>near Emmitsburg</u>			
Married, Single or Widowed <u>married</u> Name of Wife or Husband <u>Catharine Blunk</u>			
Father's Name <u>Joseph Blunk</u> Father's Birthplace <u>Penna</u>			
Mother's Maiden Name <u>Catharine Robinson</u> Mother's Birthplace <u>"</u>			
Name of person giving information <u>Catharine Blunk</u> How related to deceased <u>wife</u>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic Bright's disease</u> How long <u>1 year</u>	
Immediate <u>2</u> How long <u>2</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. W. Stone</u>
	Address <u>Emmitsburg</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Name *Katie V Condon*
Town *Harrisville*County *Fredk*

MARYLAND

Died at
Date of death *1909* *Jan* *10* Age *5* *Years* *10* *Months* *15* *Days*Sex *Female* Color or Race *White* Birth-place *MD*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's Name *Edward Condon*Father's
Birthplace*MD*Mother's Maiden Name *Sarah Jane West*Mother's
Birthplace*MD*Name of person giving
In formation *Jacob William*How related
to deceased*No*

CAUSES OF DEATH

93

Primary

How long

Immediate

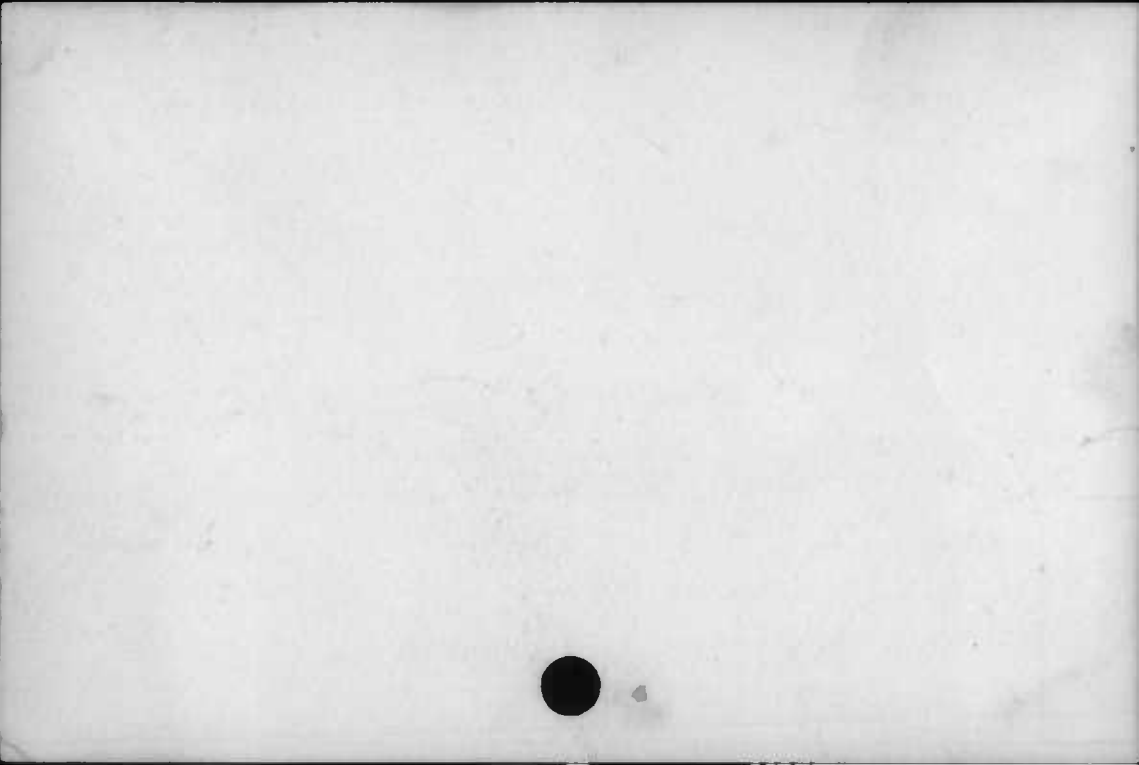
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full David K. Cramer		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died near Mt. Pleasant		Town Pleasant		County Frederick
	MARYLAND				
	Date of death 1909	Month July	Day 30	Age 53	Years 4
	Sex male	Color or Race white	Birth-place Fredk. Co., Md.		
	Occupation Farmer	Where Residing if not at place of death			
	Married, Single or Widowed Married	Name of Wife or Husband Annie Mercier			
	Father's Name Edw. L. Cramer	Father's Birthplace Fredk. Co., Md.			
Mother's Maiden Name Henrietta Kemp	Mother's Birthplace Fredk. Co., Md.				
Name of person giving information Annie Cramer	How related to deceased wife				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	"Indigestion" ?			How long ?
	Immediate	Apoplexy			How long Sudden death
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician J. H. Neccedix, Md.
	Accident or Suicide? No.		Address Frederick, Md.		



Name
in
Full

CERTIFICATE OF DEATH

Margaret Catherine Creager
Town County

MARYLAND

Died at Liberty Frederick
Date of death 190-9 Jan 29 Age 71
Month Day Year Month Days
3 11

Sex Female Color or Race White Birth-place Mt Pleasant

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Theodore Luther Creager

Father's Name Samuel Abraham Mesbaum Father's Birthplace Mt. Pleasant

Mother's Maiden Name Mary Baumgardner Mother's Birthplace Mt Pleasant

Name of person giving Information Theodore Luther Creager How related to deceased Husband

CAUSES OF DEATH

Primary La Grippe How long 1 week

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Jas. C. Sappington

Address Libertytown Maryland

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full *Mary E. Hade* Town *Petersville* County *Fredrich* MARYLAND

Died at *Petersville* Date of death 190*9* Month *1* Day *24* Age *64* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Virginia*

Occupation *Cook* Where Residing if not at place of death

Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Hade*

Father's Name *Unknown* Father's Birthplace *Del*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving Information *John S. Snowden* How related to deceased *No Relation*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

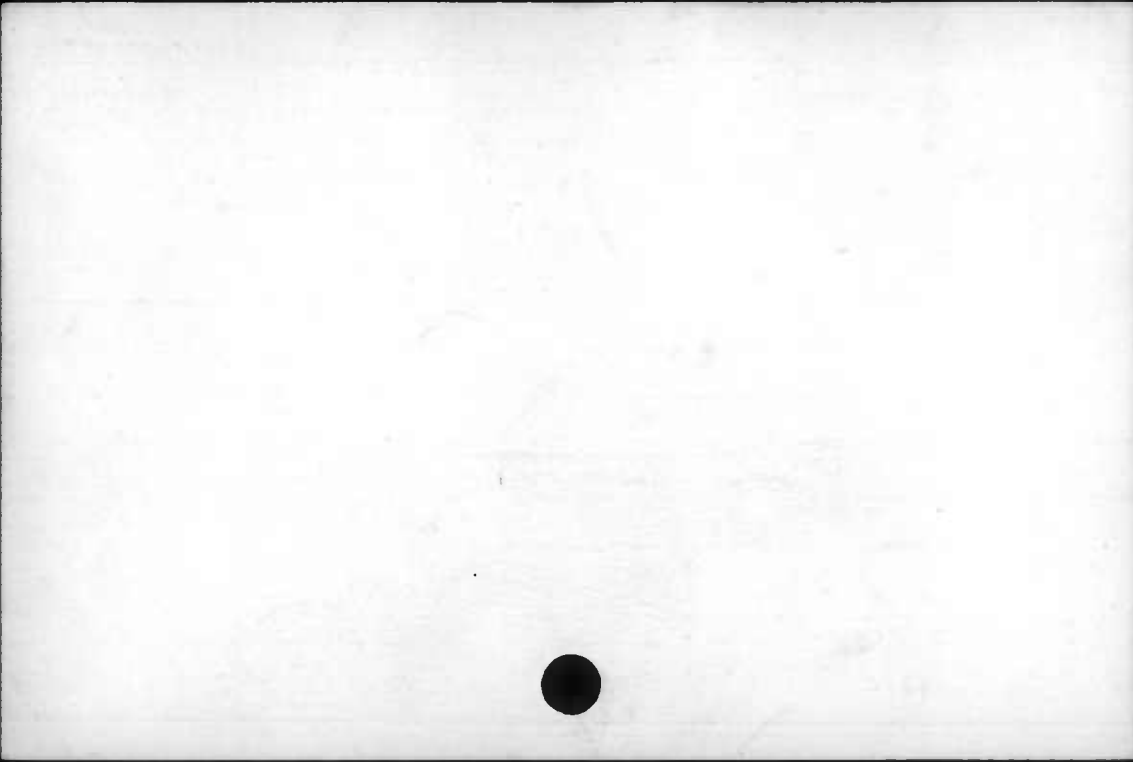
Primary *Pneumonia* How long *8 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Saml Clappett* Address *Petersville*

Accident or Suicide *and*



Name
in
Full

Ann E J Doll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

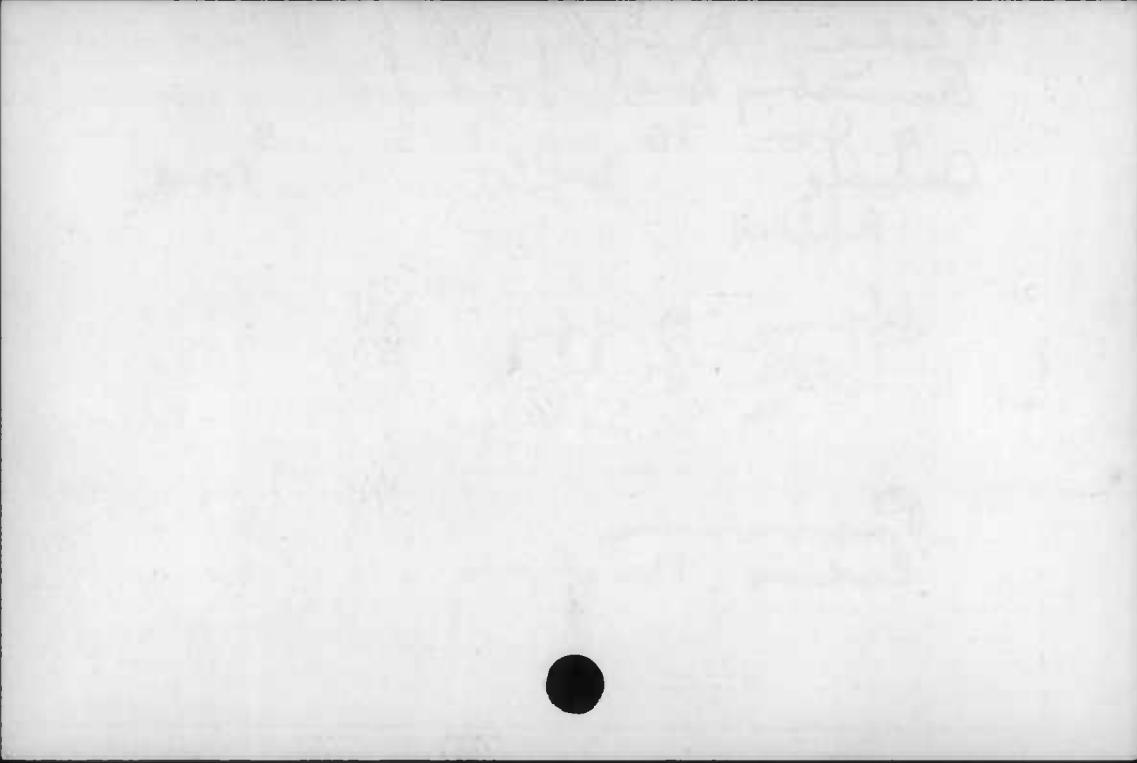
Died at <i>Frederick</i> Town			<i>Frederick</i> County			MARYLAND	
Date of death <i>1909</i>		Month <i>Jan</i>	Day <i>11</i>	Age <i>74</i>	Years <i>74</i>	Months <i>11</i>	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Frederick</i>			
Occupation <i>Invalid</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Isea J Doll</i>					
Father's Name <i>Isaac Wisong</i>		Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Elizabeth Pear</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Chas J Doll</i>		How related to deceased <i>Son.</i>					

CAUSES OF DEATH

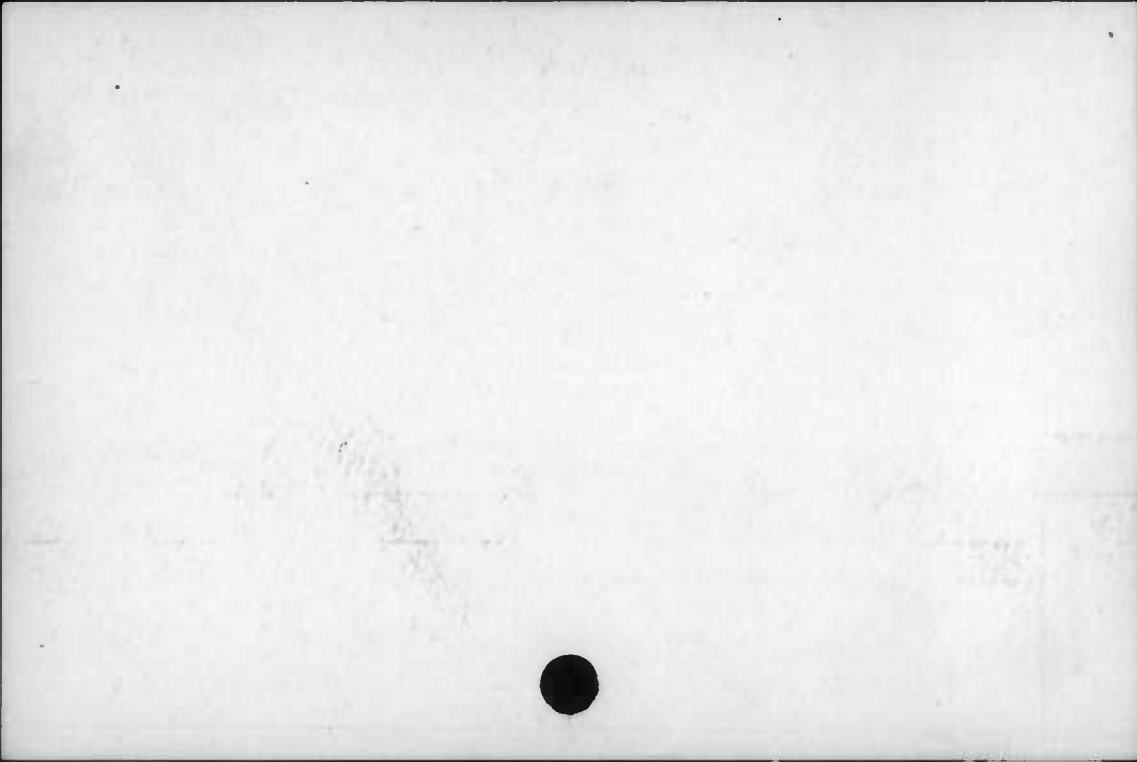
64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>—</i>
Immediate <i>Paralysis of respiration</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Hendrix, M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Died at		Emmitsburg Dist.		Frederick		MARYLAND							
		Date of death		1909	Month	Jan.	Day	26	Age	1	Years	Months	4	Days	1
		Sex		Female		Color or Race		White		Birth-place		Md.			
		Occupation				Child				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband									
		Father's Name				Henry Duffey				Father's Birthplace				Md.	
		Mother's Maiden Name				Hattie Turner				Mother's Birthplace				Md.	
		Name of person giving information				M. D. Shuff				How related to deceased				Undertaker	
CAUSES OF DEATH															
PHYSICIAN OR CORONER		Primary		Pneumonia				How long		6 days					
		Immediate		Cardiac Paralysis				How long		2 days					
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician				B. D. Jamison	
										Address				Emmitsburg Md.	
		Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jane Rebecca Oyer</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Frederick</i>		Month <i>1</i>		Day <i>31</i>		Years <i>82</i>	
Date of death <i>1909</i>		Month <i>1</i>		Day <i>31</i>		Months <i>7</i>	
Age <i>82</i>		Days <i>27</i>		Sex <i>Female</i>		Color or Race <i>White</i>	
Birth-place <i>Frederick</i>		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward H. Oyer</i>		Father's Name <i>Levi Oungan</i>		Father's Birthplace <i>Frederick</i>	
Mother's Maiden Name <i>Martha Moberly</i>		Mother's Birthplace <i>" "</i>		Name of person giving Information <i>Edw. H. Oyer</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Serility</i>	How long	<i>6 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. H. Hedger</i>	
		Address <i>Frederick</i>	
Accident or Suicide <i>no</i>			

Interment Feb 2 - 1909

" at Mt. Olivet Cemetery

Thomas P. Rice F.O.

Dr. Hedgie

Dr McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

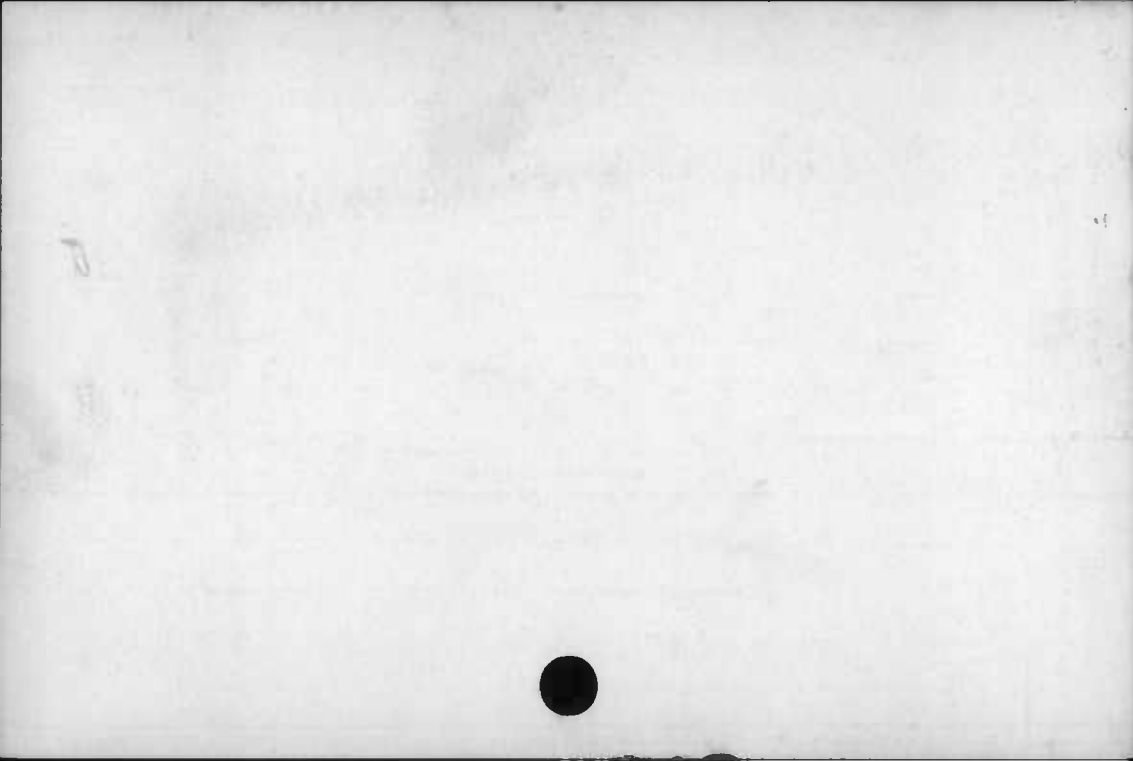
Name in Full <i>Susan Minerva Eiler</i>		Town <i>Detour.</i>		County <i>Fredrick</i>		MARYLAND	
Died at <i>Detour.</i>		Month <i>January</i>		Day <i>10</i>		Years <i>79</i>	
Date of death <i>1909</i>		Months <i>3</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Fredrick Co. Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Horatio Eiler</i>					
Father's Name <i>Henry Fogle</i>		Father's Birthplace <i>Fredrick Co. Md.</i>					
Mother's Maiden Name <i>Elisabeth Eiler</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Horatio Eiler</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Disease of heart & dropsy</i>	How long <i>1 year</i>
Immediate <i>Bronchitis & heart failure</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. N. Eiler</i>
	Address <i>Detour. Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Nathan Addison Englar.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Johnsville</i>		Town		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	1 st	Day	31	Age	59
Sex	Male	Color or Race	White	Birthplace	Frederick Md.		
Occupation	<i>Retired Farmer</i>			Where Residing if not at place of death <i>Johnsville Md.</i>			
Married, Single or Widowed				Name of Wife or Husband <i>Lu Annis Wolfe</i>			
Father's Name	<i>Nathan Englar.</i>			Father's Birthplace <i>Frederick Md.</i>			
Mother's Maiden Name	<i>Mary Ann Rigger</i>			Mother's Birthplace <i>Frederick Md.</i>			
Name of person giving Information	<i>C. M. Smith</i>			How related to deceased <i>none</i>			

CAUSES OF DEATH

Primary	<i>Nephritis Complicated Bilateral</i>	How long	<i>1 year -</i>
Immediate	<i>Collapse</i>	How long	<i>1</i>

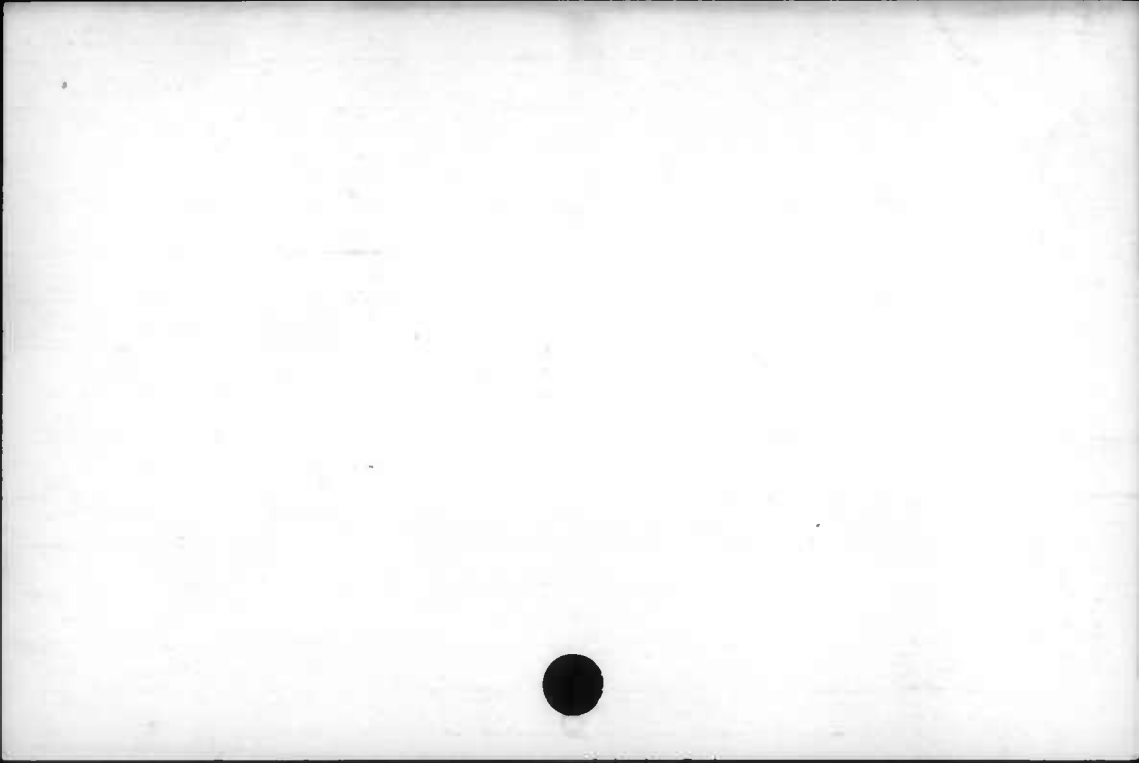
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

James Watt.
Union Bridge



Name
in
Full.

CERTIFICATE OF DEATH

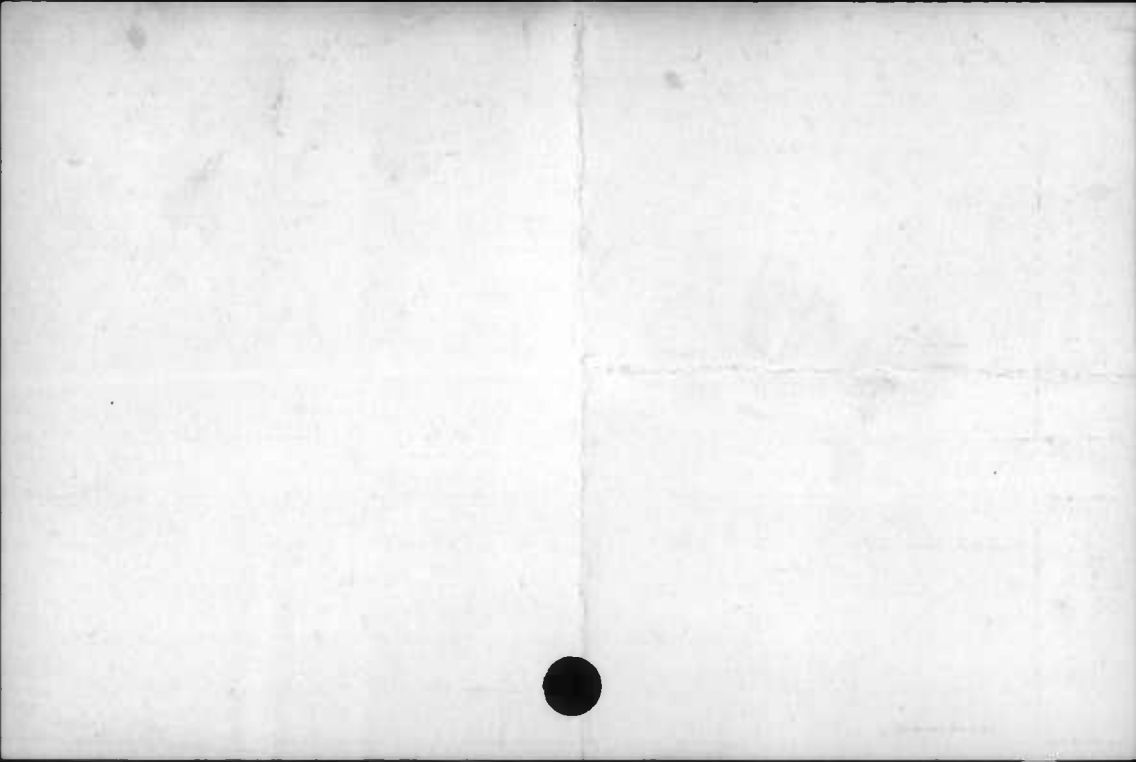
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Libertytown</i> ^{Town}		<i>Fredk.</i> ^{County}		MARYLAND	
Date of death	<i>1909 Jan.</i>	Day	<i>13</i>	Age	<i>83</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Libertytown</i>
Occupation	<i>Laborer</i>	Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mary A. Etyler</i>		
Father's Name	<i>Daniel Etyler</i>	Father's Birthplace	<i>Unknown</i>		
Mother's Maiden Name	<i>Harriet Smith</i>	Mother's Birthplace	<i>Unknown</i>		
Name of person giving information	<i>John D. Etyler</i>	How related to deceased	<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>10</i>
Immediate	<i>La Grippe</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo H. Beale</i>
		Address	<i>Libertytown Md.</i>
Accident or Suicide?			



Name
in
Full

Clarence W. Eyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

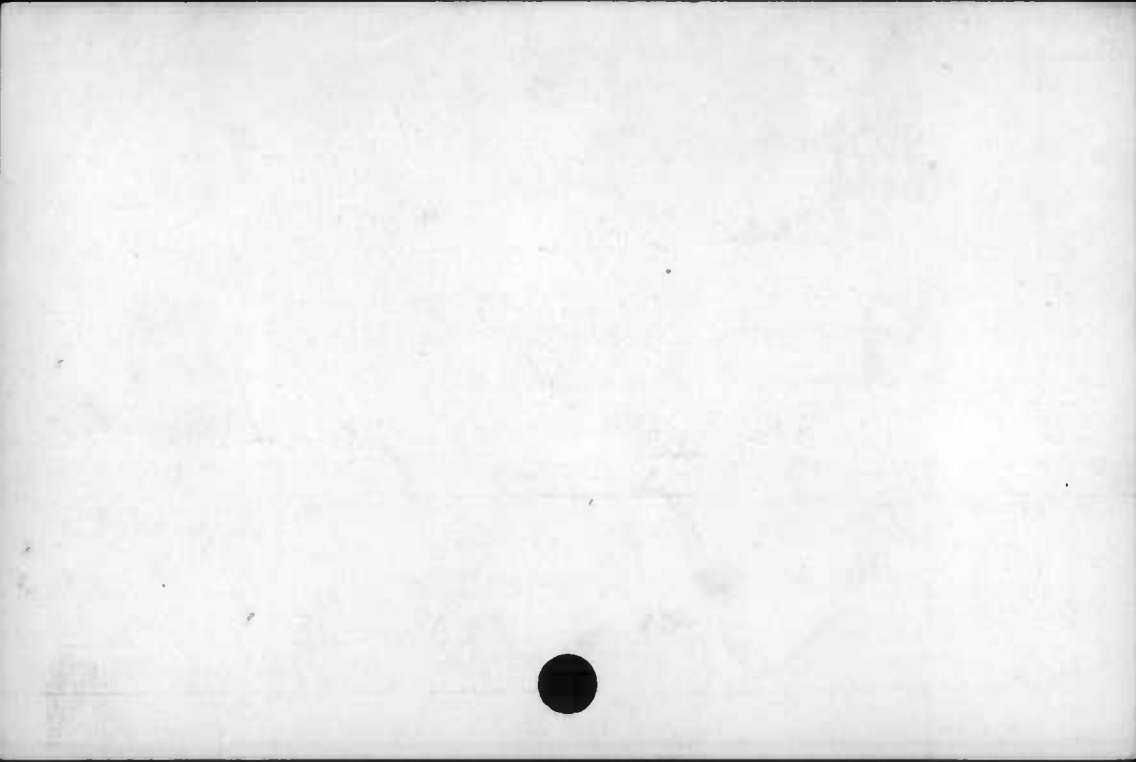
Died at <i>Johnsville</i>		Town		<i>Fordnick</i>		County		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Jan</i>	Day	<i>1</i>	Age	<i>11</i>	Months	<i>6</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>No occupation</i>				Where Residing if not at place of death <i>"</i>					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>George B. Eyles</i>				Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Gertie J. Eyles</i>				Mother's Birthplace <i>"</i>					
Name of person giving information <i>George B. Eyles</i>				How related to deceased <i>Father</i>					

CAUSES OF DEATH

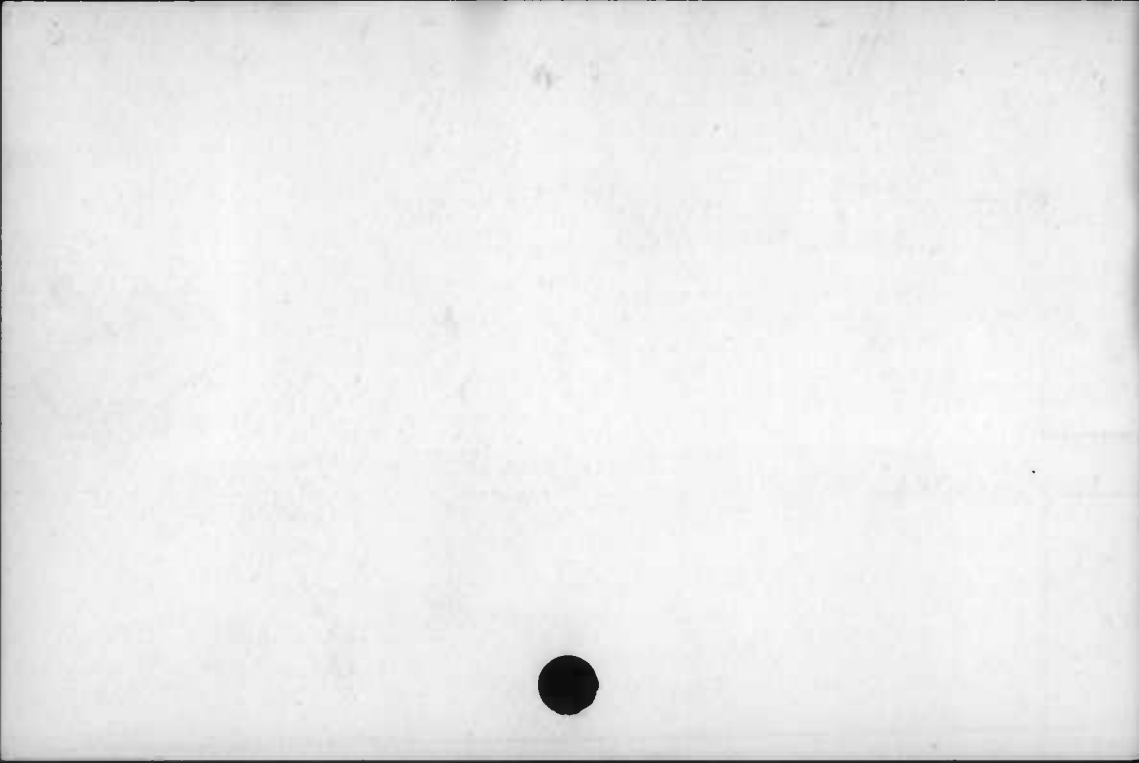
167

PHYSICIAN
OR CORONER

Primary	<i>Of the body Burns of nearly the entire surface from Entering the flame</i>	How long	<i>About 4 hours</i>
Immediate	<i>Shock and Oedema of the lungs</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Seidman</i>	
		Address <i>Johnsville, Md.</i>	
Accident: <i>[Redacted]</i>			



Name in Full		Sidney Fitzgerald				CERTIFICATE OF DEATH	
Died at		Emmitsburg		Frederick		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Date of death	1909	Month Jan.	Day 25	Age 3	Years 3	Months —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Child		Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Edward Fitzgerald				Father's Birthplace	Ma.
	Mother's Maiden Name	Agnus Keepers				Mother's Birthplace	Ma.
Name of person giving information	Daniel Sweeney				How related to deceased	Undertaker	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute Nephritis				How long	2 weeks
	Immediate	Uræmic Convulsion				How long	12 hours
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	B. J. Jamieson
						Address	Emmitsburg
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

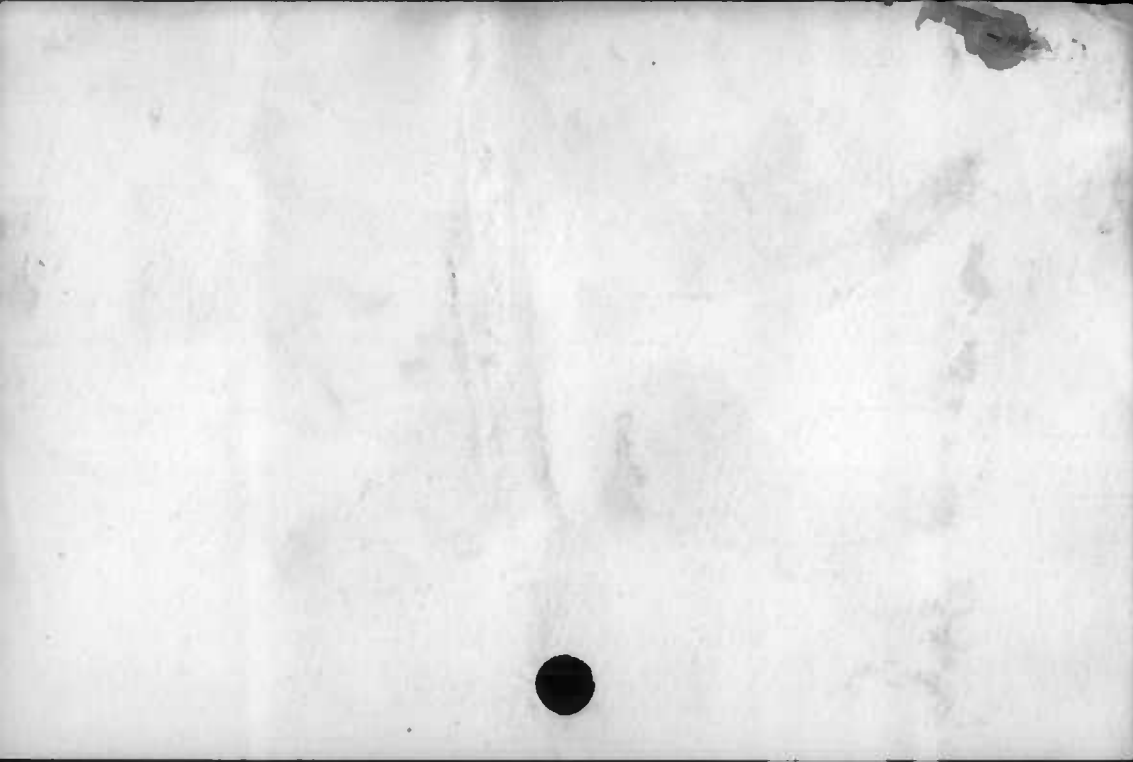
Name in Full <i>Fry, Phorb Ann</i>		Town <i>Hansowille</i>		County <i>Frederick</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 Jan 27</i>		<i>71</i>		<i>4 10</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Frederick Co Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm Fry</i>					
Father's Name <i>Jacob Stull</i>		Father's Birthplace <i>Frederick</i>					
Mother's Maiden Name <i>Polly Measel</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>L J Smith</i>		How related to deceased <i>Neighbor</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>12 weeks</i>
Immediate	<i>As theia</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. P. Fahrney</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

William H Frye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1909	Month Jan.	Day 15	Age 56	Months	Days
Sex Male		Color or Race Colored		Birth- place Virginia			
Occupation Laborer		Where Residing if not at place of death Same					
Married, Single or Widowed Married		Name of Wife or Husband Unknown					
Father's Name Thornton Frye		Father's Birthplace Virginia					
Mother's Maiden Name Ann Hedlock		Mother's Birthplace " "					
Name of person giving Information Edward G. Frye		How related to deceased Brother					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Bilateral Pneumonia	How long 7 days
Immediate	Cardiac Failure	How long
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician		U. G. Doune M.D.
Address		Frederick, Md
Accident or Suicide		---

Interment Jan 18-09
" at Greenmount Cem.

Thomas P. Rice F.D.

Dr. Wm. G. Bourne

Dr. McIlcurdy,

Name
in
Full

Sarah A. Geisinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredricks</i>		County <i>Fredricks</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	1	29	49	9	3
Sex	Color or Race	Birth-place			
Female	White	Fredricks Co Md			
Occupation	Where Residing if not at place of death				
House Wife	Same				
Married, Single or Widowed	Name of Wife or Husband				
Married	Thomas E. Geisinger				
Father's Name	Father's Birthplace				
John Morgan	Fredricks Co Md				
Mother's Maiden Name	Mother's Birthplace				
Rachel Gutsail	" " "				
Name of person giving Information	How related to deceased				
Thos. E. Geisinger	Husband				

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary	Operation for adhesion and gall stones	How long	24 hours
Immediate	Shock surgical	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
yes	Address	Fredricks.	
Accident or Suicide			

Internment Feb 1 - 1909

" at Mt Olivet Cem.

Thomas P. Rice R.O.

Dr Hedges

Dr McCurdy,

Name
in
Full

Mrs. Anna Betterly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

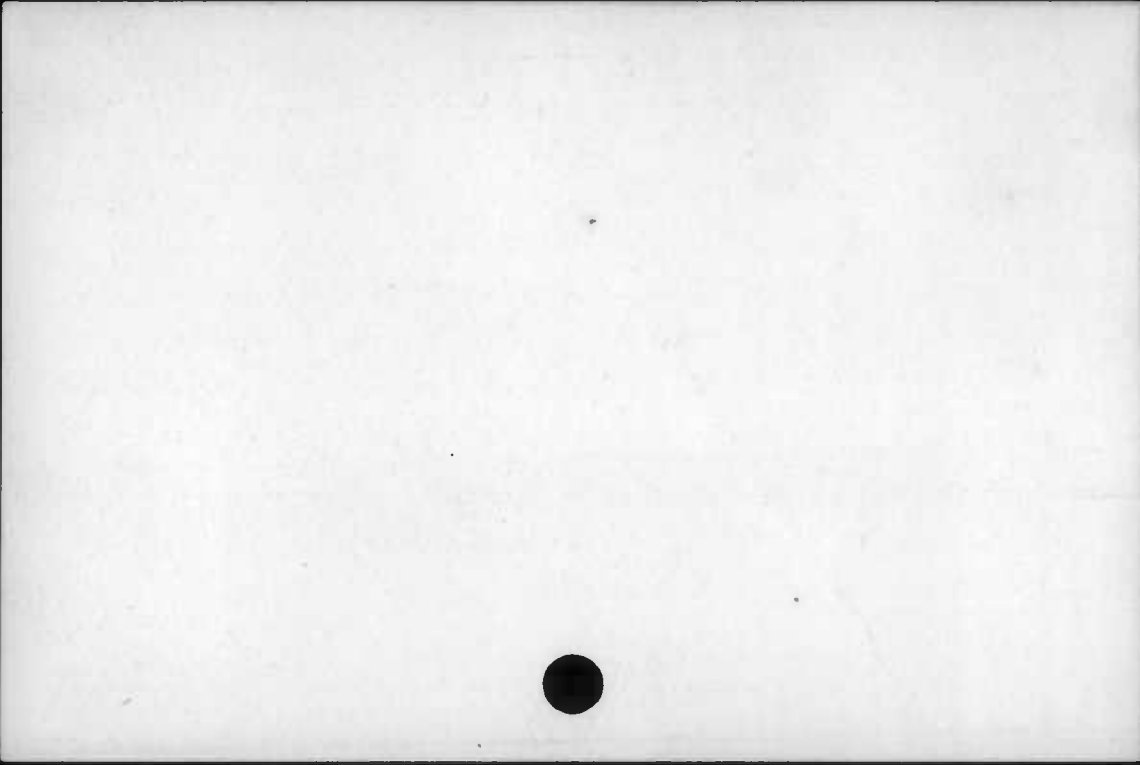
Died at <i>Frederick City Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>17</i>	Age <i>28</i>	Years	Months	Days <i>16</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Berkeley Springs W. Va.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Thurmont Md.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mr. Harry Betterly</i>						
Father's Name <i>Henry Wheat</i>	Father's Birthplace <i>Not Known</i>						
Mother's Maiden Name <i>Not Known</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Anna Harry Betterly</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burn (2/3 body surface involved)</i>	How long <i>2 days</i>
Immediate <i>Shock</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Maynard</i>
	Address <i>17 Second St - Thurmont Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charlottesville</i> ^{Town}		<i>Fred Co.</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>June</i>	Day <i>27th</i>	Age <i>76</i>	Years <i>11</i> Months <i>23</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fred Co.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband <i>Daisie</i>		
Father's Name <i>Daniel Hildebrand</i>			Father's Birthplace <i>Fred Co.</i>		
Mother's Maiden Name <i>Julia Smith</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

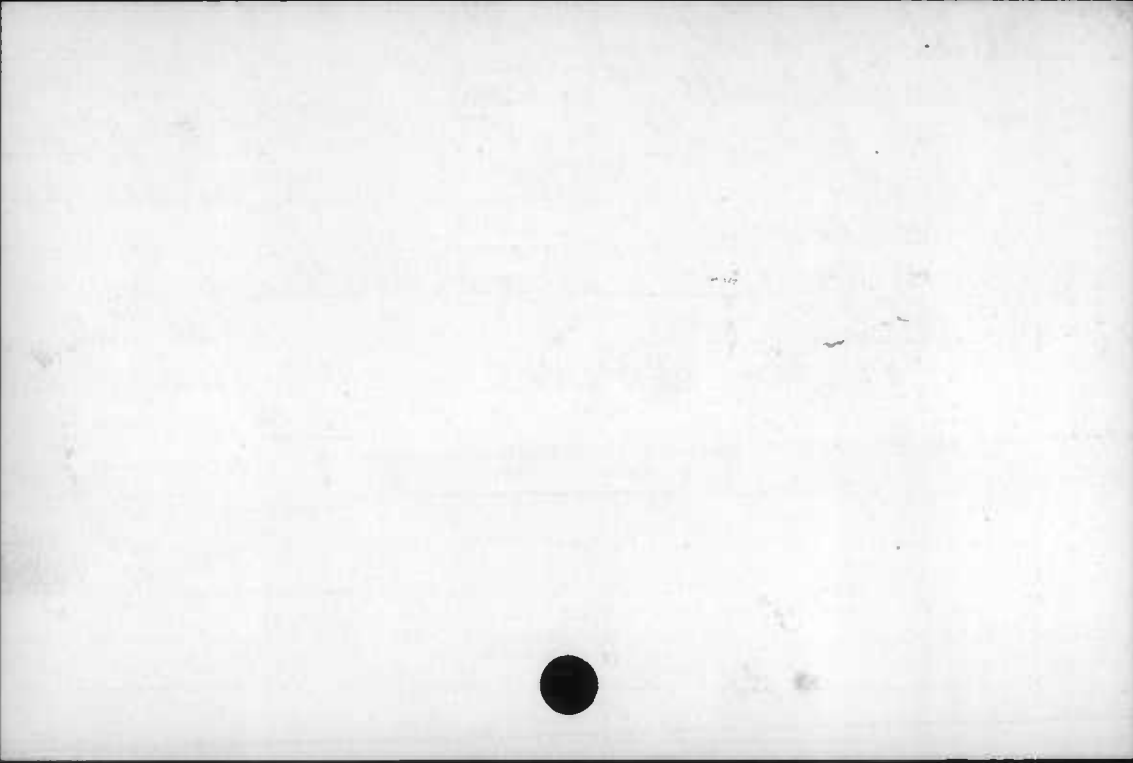
Address

Accident or Suicide?

How long

How long

E. D. Mayhew
Lewistown
Md.



Name
in
Full

Matilda Hilliary

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burkittsville</i> ^{Town}		<i>Fred.</i> ^{County}		MARYLAND	
Date of death <i>1909 Jan.</i> ^{Month}		<i>29</i> ^{Day}	Age <i>81</i> ^{Years}	<i>1</i> ^{Months}	<i>0</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Fred. Co Ind.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>David Hilliary</i>				
Father's Name <i>Philip Karn</i>			Father's Birthplace <i>Fred. Co. Ind.</i>		
Mother's Maiden Name <i>Barbery Abrecht</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>John Hilliary</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>8 yrs</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. J. Smith</i>
	Address <i>Burkittsville Md.</i>
Accident or Suicide?	



Name in Full		Lewis W. Hopewell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Petersburg		^{County} Frederick		MARYLAND	
		Date of death 1909 Jan. 20		Age 53		2 Months 20 Days	
		Sex Male		Color or Race Colored		Birth-place Fred Co.	
		Occupation Laborer		Where Residing if not at place of death			
		Married, Single or Widowed Married		Name of Wife or Husband Sarah Hopewell			
		Father's Name Lewis Hopewell		Father's Birthplace Fred. Co.			
		Mother's Maiden Name Charity Hopewell		Mother's Birthplace " "			
Name of person giving information Sarah Hopewell		How related to deceased Wife					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(93)</div>							
PHYSICIAN OR CORONER		Primary Pneumonia		How long 6 days			
		Immediate Heart Failure		How long 3 hrs			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo J. ...</i>			
				Address <i>Petersburg</i>			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neam</i> Town <i>Fredericks</i> County <i>Fredericks</i> MARYLAND	
Date of death 1909	Month <i>1</i> Day <i>12</i> Age <i>40</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>Black</i> Birth-place <i>Md</i>
Occupation <i>Caboser</i>	Where Residing if not at place of death <i>Adamstown Md</i>
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband
Father's Name <i>John Furicks</i>	Father's Birthplace <i>Md</i>
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace
Name of person giving Information <i>Supt Monticome Hosptl</i>	How related to deceased <i>None</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Idiopathic Epilepsy</i>	How long <i>Indefinite</i>
Immediate <i>Convulsions, Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. J. Bourne M.D.</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide <i>---</i>	

Interment Jan 13 - 09

" at St Johns Cem -

Thomas P. Rice F. D.

Dr Bourne
or Tyson

Dr Goodell

Dr McCurdy,

Name
in
Full

Catherine Kelly.

CERTIFICATE OF DEATH

Died at ^{Town} Emmitsburg^{County} Frederick

MARYLAND

Date of death 1909 Jan

Day 27th

Age 78

Months 11

Days 24

Sex Female

Color or Race

White

Birthplace

Ireland

Occupation

Sister of Charity Religion

Where Residing if not place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Dennis Kelly

Father's Birthplace

Ireland

Mother's Maiden Name

Julia Harney

Mother's Birthplace

I

Name of person giving information

Dr. Benradine Orendorf

How related to deceased

None

CAUSES OF DEATH

104

Primary

Chronic Gastritis and Acetosis

How long

Three years

Immediate

Hypertrophy of the Heart.

How long

Three Months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. H. Brown, M.D.

Address

Emmitsburg, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Annie S Lane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

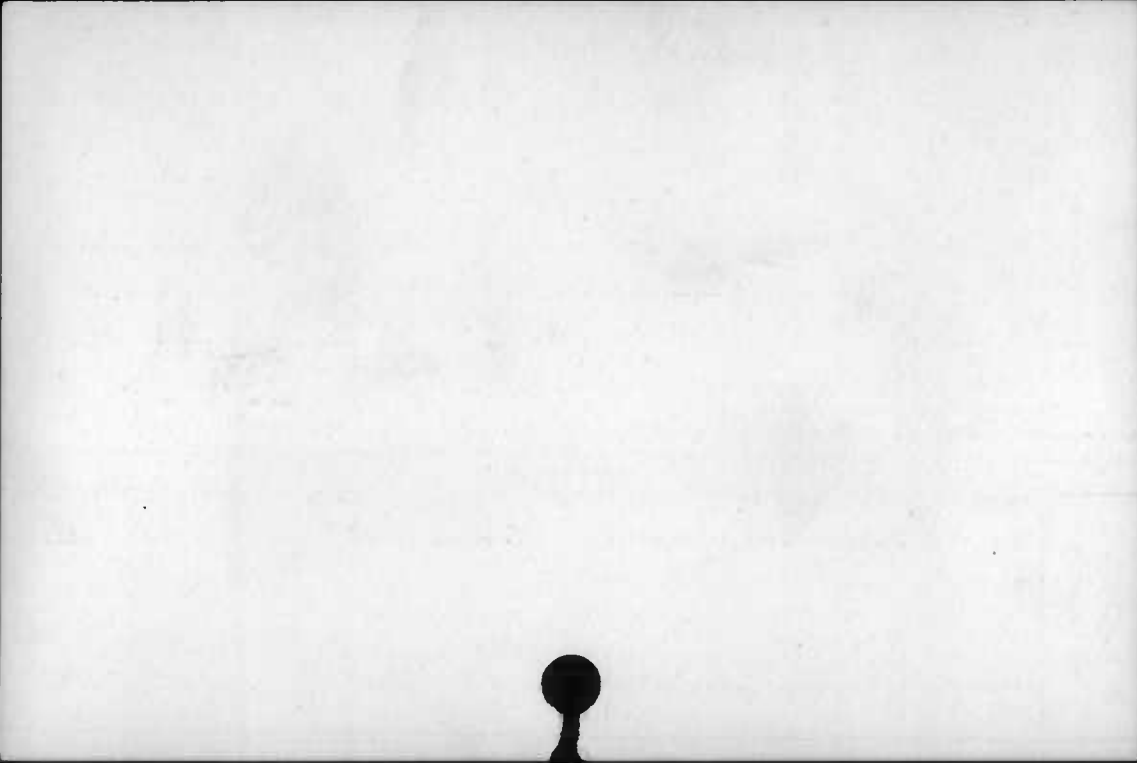
Died at		Town Frederick		County Frederick		MARYLAND	
Date of death	1909	Month	1	Day	25	Age	70
Sex		Female		Color or Race		White	
Birth-place		Frederick County					
Occupation				Where Residing if not at place of death			
Retired Invalid in bed 3 yrs				Frederick			
Married, Single or Widowed		Married		Name of Wife or Husband		Chas Lane	
Father's Name				Henry James			
Father's Birthplace				Frederick County			
Mother's Maiden Name				Mary Kane			
Mother's Birthplace				" "			
Name of person giving information				Chas Lane			
How related to deceased				Husband.			

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	Chronic Bronchitis	How long	10 years
Immediate	Carcinoma of Bladder	How long	3 years
Are the name, age, sex, color, date and place correctly given above?		y	
Signature of Physician		C. F. Goodell, M.D.	
Address		Frederick, Md	
Accident or Suicide?		n	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

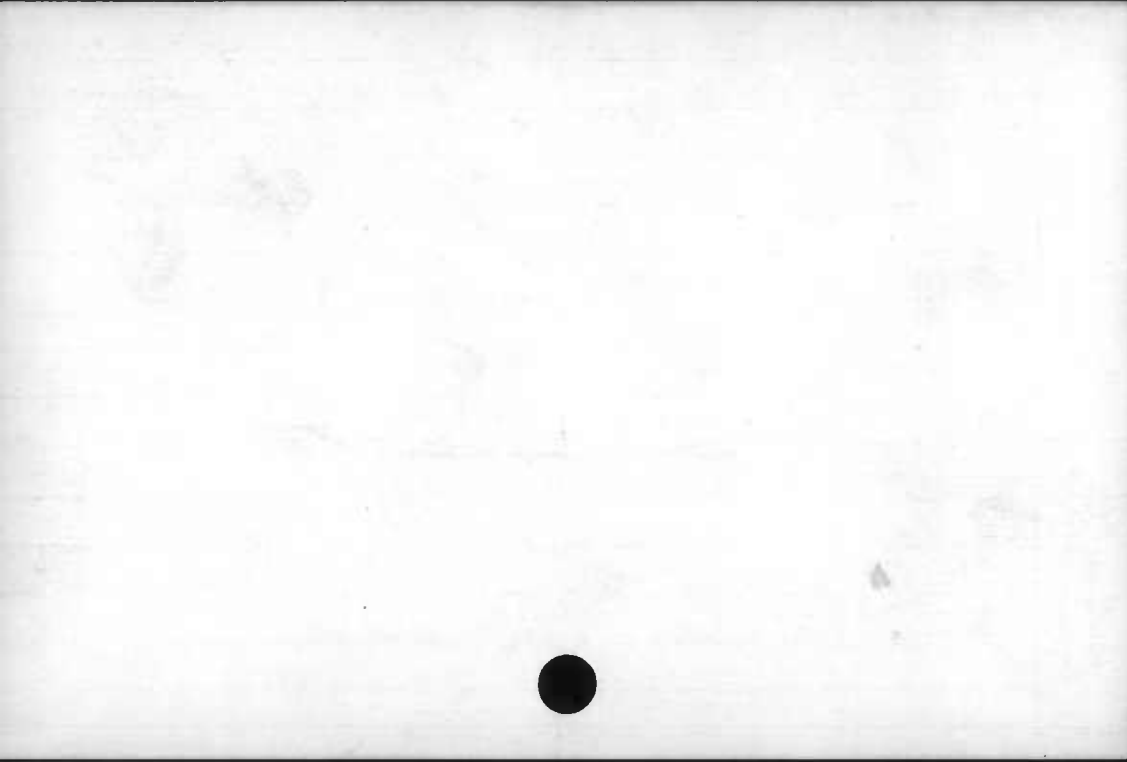
Name in Full <i>J. Thomas McBee</i>		Town <i>Brunswick</i>		County <i>Brunswick</i>		MARYLAND	
Died at		Month <i>Jan</i>		Day <i>25</i>		Age <i>24</i>	
Date of death <i>1909</i>		Years <i>10</i>		Months <i>8</i>		Days <i>6</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>W. Va.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Franklin McBee</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Mary E. Allen</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving Information <i>O. Allen</i>				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>1 year</i>
Immediate <i>General Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. R. C.</i>
	Address <i>Brunswick, Md.</i>
Accident or Suicide	



Name
in
Full

J. W. Mc Knight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

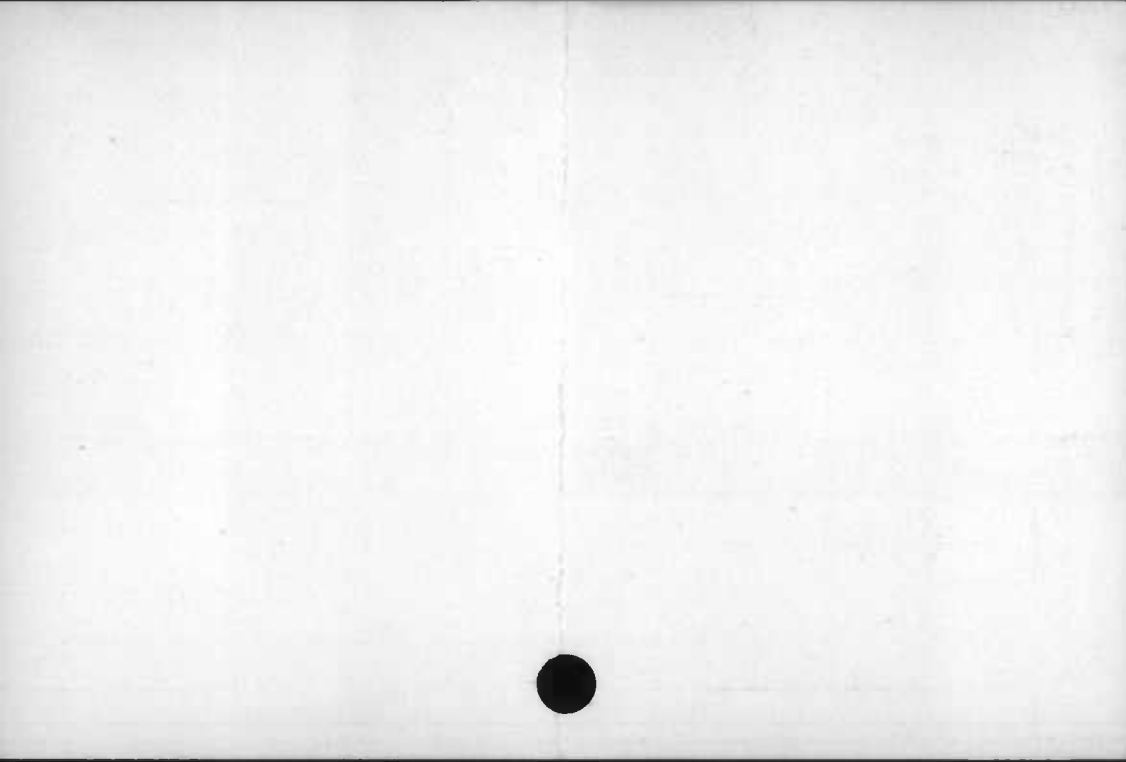
Died at <i>City Hotel</i>		Town <i>Indeuch</i>		County <i>Indeuch</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>17</i>	Age <i>49</i>	Years <i>49</i>	Months <i>X</i>	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Traveling man</i>		Where Residing if not at place of death <i>Philadelphia</i>					
Married, Single <i>or Widowed</i>		Name of Wife or Husband <i>Unknown</i>		<i>Philadelphia from Ford & Hendig Res</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>1428-35 Callahan St</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Information derived from report in newspaper</i>		How related to deceased <i>X</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>Unknown</i>
Immediate <i>Apoplexy</i>	How long <i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thurman Buchanan</i>
<i>Comminuted but no inquest as</i>	Address <i>Indeuch Md</i>
Accident or Suicide? <i>deed was certainly due to natural causes</i>	



Name
in
Full

Ullas Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountainview</i>		County <i>Fredenck</i>		MARYLAND	
Date of death <i>1909 Jan</i>	Month <i>Jan</i>	Day <i>15</i>	Age <i>13</i>	Years <i>13</i>	Months <i>X</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>		Days <i>X</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>r</i>			
Married, Single or Widowed		Name of Wife or Husband <i>X</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Nicholas Gassaway</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's</i>	<i>Idiocy</i>	How long <i>Several years</i>
Immediate <i>General Exhaustion</i>		How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes as near as could be ascertained</i>	Signature of Physician <i>U. G. Brown M.D.</i>	
	Address <i>Fredenck, Md</i>	
Accident or Suicide? <i>X</i>		



Name
in
Full

Anson Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catoctin Furnace		County Frederick		MARYLAND	
Date of death		Month Jan	Day 30	Age 47	Months 9	Days 15	
Sex Female		Color or Race White		Birth- place Frederick Co.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband Charles Miller			
Father's Name Richard Kelly				Father's Birthplace England			
Mother's Maiden Name Mary Elliott				Mother's Birthplace " "			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Valvular disease of heart		Seven years	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. D. Nightman	
		Address Levittown Ind.	
Accident or Suicide?			



Name
in
Full

Mary Louise Null

CERTIFICATE OF DEATH

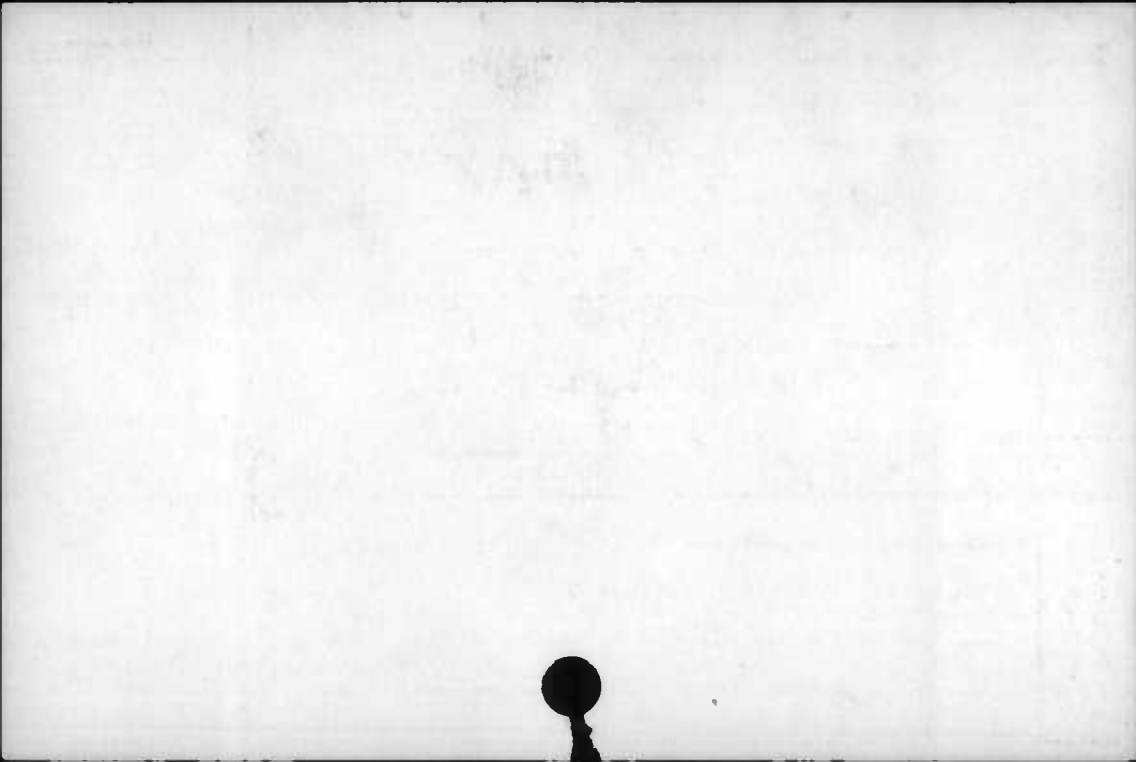
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Johnsville		County Frederick		MARYLAND	
Date of death	909	Month 1	Day 31	Age Years	73	Months	8
Sex	Female		Color or Race	White		Birth- place	Libertytown
Occupation	Retired housewife			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	George Null			
Father's Name	Basil Swardner				Father's Birthplace	Libertytown	
Mother's Maiden Name	Susanna Colleberry				Mother's Birthplace	Libertytown	
Name of person giving In formation	Elizabeth Swardner				How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis		How long	66	Days or more
Immediate	Paralysis		How long	7 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dra H. Beall.	
			Address	Libertytown	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Martha Theresa Parker*

Town *Jefferson* County *Frederick*

Died at *Jefferson*

Date of death *1909* Month *1* Day *30* Age *78* Years Months *2* Days *29*

Sex *Female* Color or Race *Negro* Birth-place *Frederick Co*

Occupation *Housekeeper* Where Residing if not at place of death

☒ Married, ☐ Single ☐ Widowed Name of Wife or Husband *John Parker*

Father's Name *John L. Briggs* Father's Birthplace

Mother's Maiden Name *Don't know* Mother's Birthplace

Name of person giving information *John* How related to deceased *son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dropsy* How long

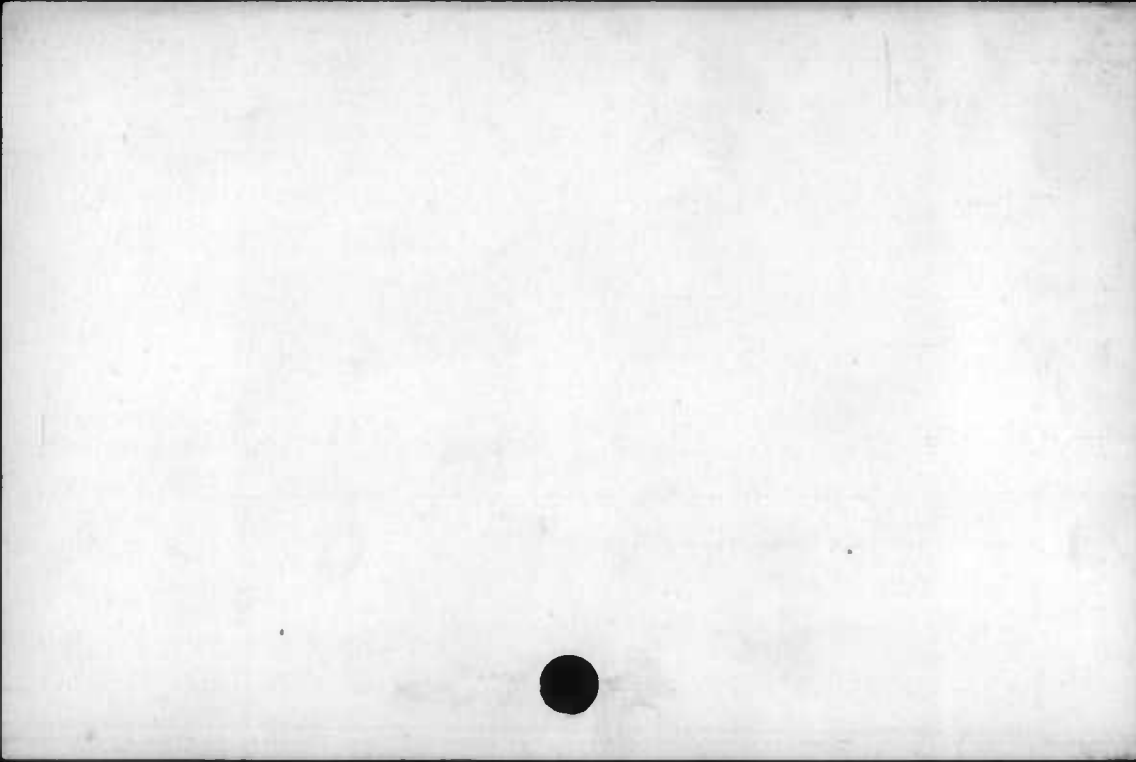
Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Battles Cross*

Address *Jefferson Ab D*

Accident or Suicide?



Name
in
Full

Rufus O. Pettingall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Frederick* Town *Frederick* CountyDate of death 1909 *June* Month *4* Day Age *25* Years Months *2* Days *20*Sex *Male* Color or Race *White* Birth-place *Frederick*Occupation *Brigade maker* Where Residing if not at place of death *At home*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Elmer E. Pettingall* Father's Birthplace *Madison*Mother's Maiden Name *M. E. Young* Mother's Birthplace *Frederick*Name of person giving information *Parents* How related to deceased

CAUSES OF DEATH

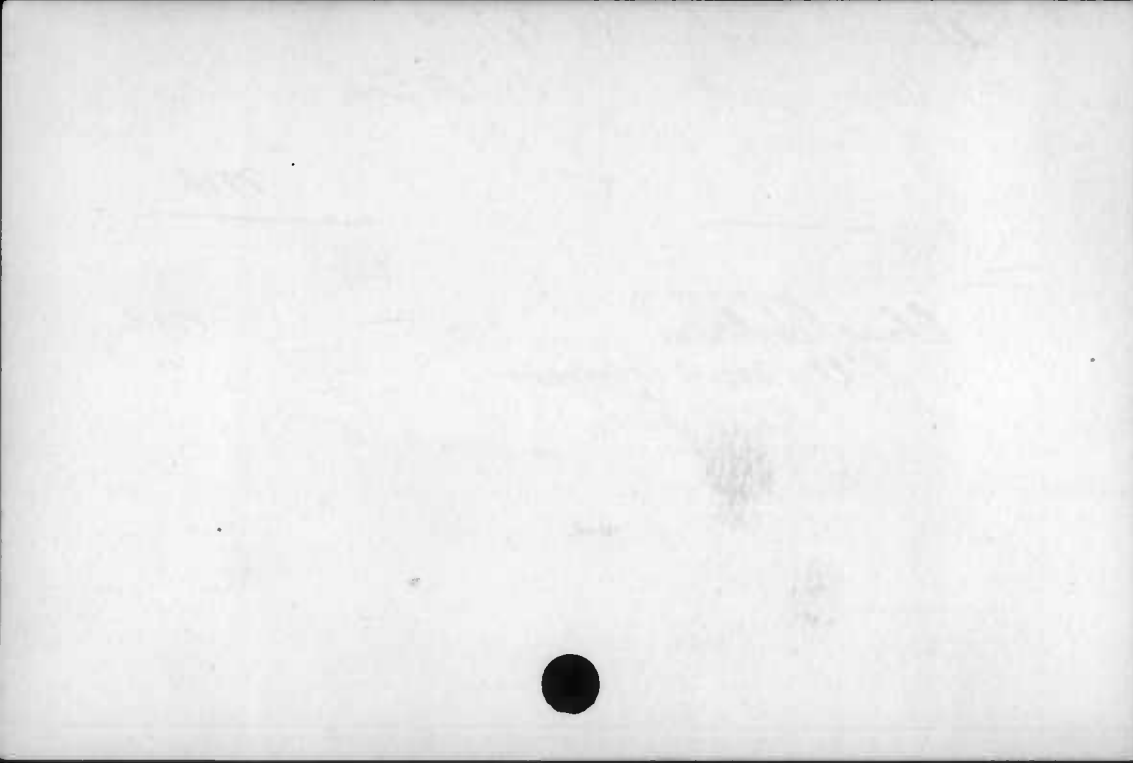
27

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis* How long *2 years*Immediate *Insanition* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *T. B. Johnson*Address *Frederick, Md.*

Accident or Suicide?



Name
in
Full

Lillian Viola Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Thurmont* Town *Frederick* County **MARYLAND**

Date of death *1909 January 12* Age *1* Years Months *3* Days *13*

Sex *Female* Color or Race *white* Birth-place *Ind*

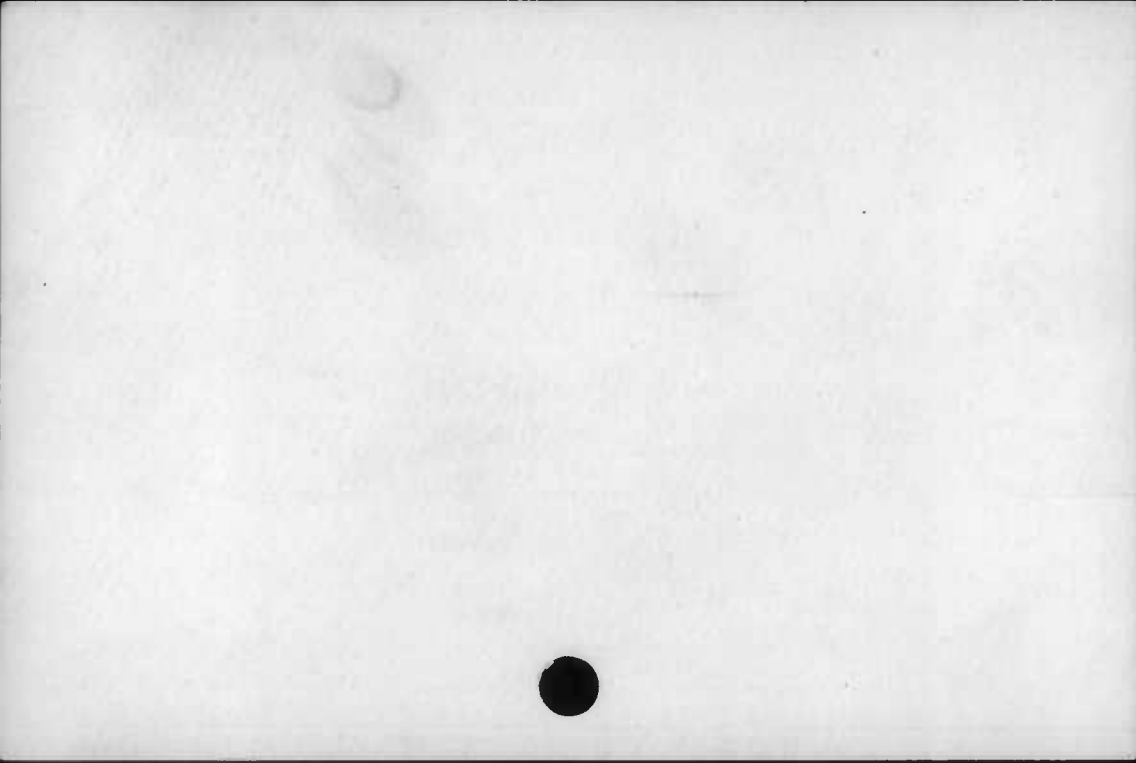
Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's Name *Chas Poole*Father's Birthplace *Ind*Mother's Maiden Name *Lilly May Portner*Mother's Birthplace *"*Name of person giving
In formation *Chas Poole*How related
to deceased *Father*

CAUSES OF DEATH

119

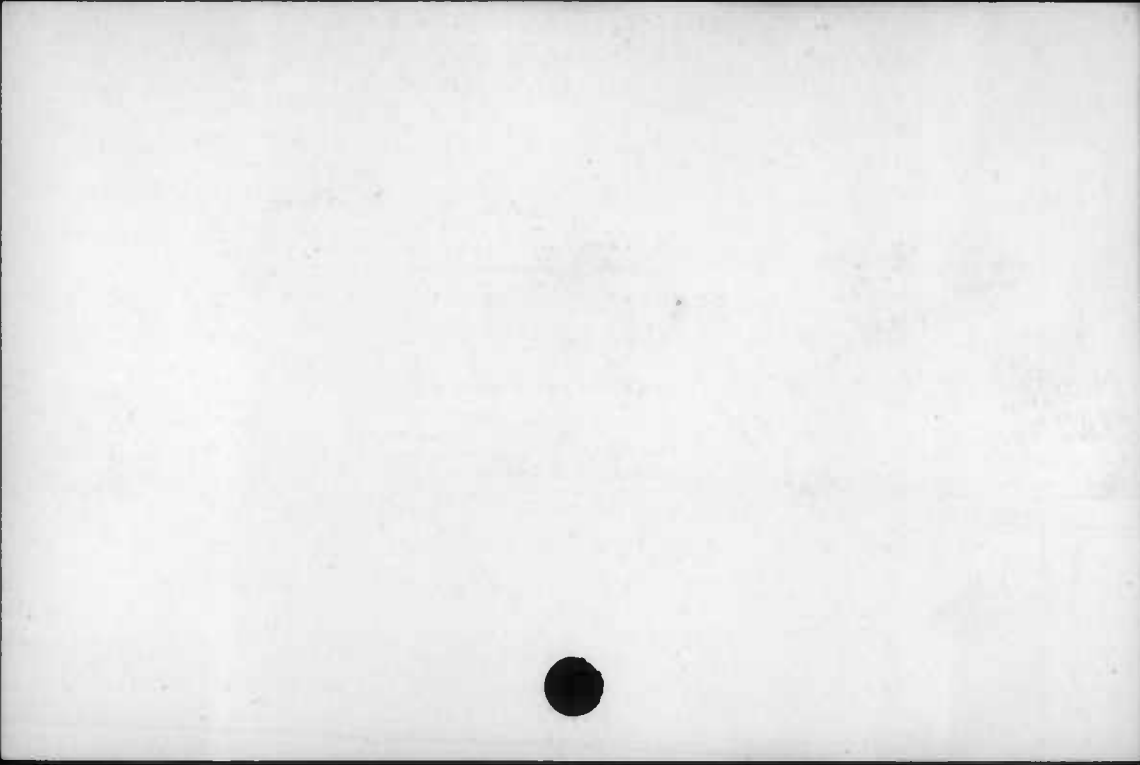
PHYSICIAN
OR CORONERPrimary *Acute Nephritis* How long *3 months*Immediate *Uremic poisoning* How long *2 weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of Physician *Wm A. Birch*Address *Thurmont - Ind*Accident or Suicide? *no*



Name in Full <i>Clarence Powell</i>		County <i>Arrest</i>		CERTIFICATE OF DEATH	
Died at <i>Lewiston</i>		Town <i>Arrest</i>		MARYLAND	
Date of death <i>1909 Jan 3</i>		Month <i>Jan</i>		Days <i>3</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lewiston</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>Ernest R. Powell</i>		Father's Birthplace <i>County</i>			
Mother's Maiden Name <i>Mamie Brook</i>		Mother's Birthplace <i></i>			
Name of person giving information <i></i>		How related to deceased <i></i>			
CAUSES OF DEATH					
Primary <i></i>		How long <i>85</i>			
Immediate <i>Internal hemorrhage</i>		How long <i>Three days</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. L. H. Brown</i>			
		Address <i>Lewiston Md</i>			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Frederick* Town *Frederick* CountyDate of death *1909* Month *1* Day *4* Age *—* Years Months *—* Days *30*Sex *Male* Color or Race *White* Birth-place *Frederick*Occupation *—* Where Residing if not at place of death *—*~~Married, Single~~
~~Widowed~~Name of Wife or Husband *—*Father's Name *Ernest R. Pocoree*Father's Birthplace *Md*Mother's Maiden Name *Mary C. Shoop*Mother's Birthplace *do*Name of person giving information *E. R. Pocoree*How related to deceased *father*

CAUSES OF DEATH

85

Primary

How long

Immediate

How long

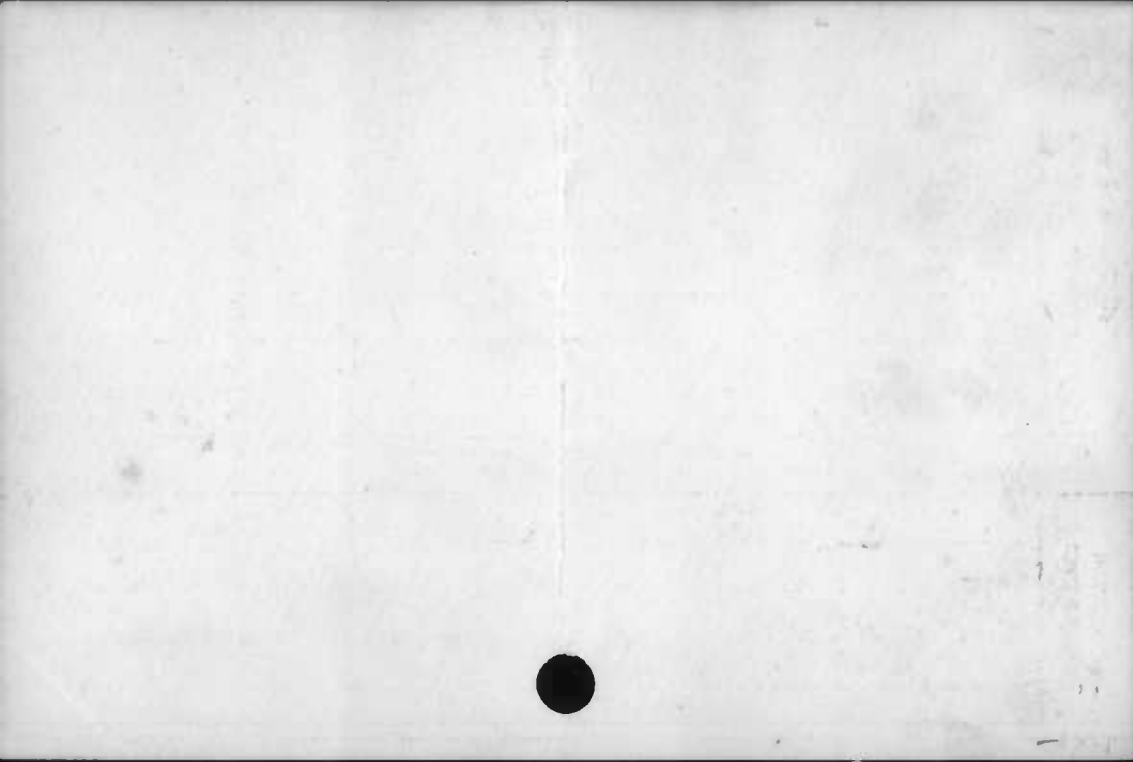
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard P. Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Montgomery		Town Fredericks		County Frederick Co		MARYLAND	
Date of death 1907		Month 1		Day 28		Age 62	
Sex Male		Color or Race White		Birth- place Fredericks			
Occupation Shoe-Maker				Where Residing if not at place of death Home			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Egna Rowe				Father's Birthplace Fredericks			
Mother's Maiden Name Mary C. Sandenkin				Mother's Birthplace Maryland			
Name of person giving Information W. C. Rowe				How related to deceased Brother			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis		How long 10 yrs.	
Immediate Pulmonary Hemorrhage		How long 5 months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. S. Lyons	
		Address Fredericks, Md.	
Accident or Suicide			

Interment Jan 30—09
" at St John's Cemetery
Thomas P. Rice F. & A

Dr Tyson

Dr Goodell

Dr McCurdy

Name
in
Full

Edna E Brunkles no. 3

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

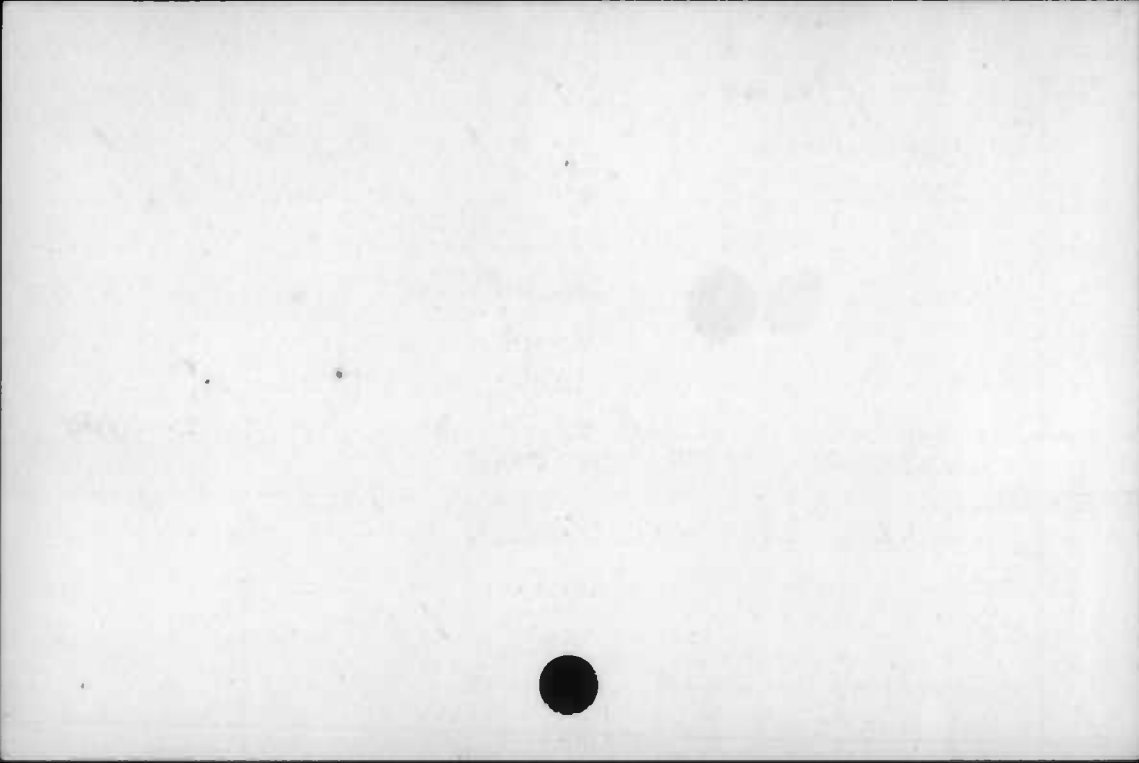
Died at <i>Hamptown</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1907	Month	Jan	Day	17
Age	1	Years		Months	4
Sex	Female	Color or Race	White	Birth-place	md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Melvin Brunkles</i>			Father's Birthplace	md
Mother's Maiden Name	<i>Bessie Thompson</i>			Mother's Birthplace	md
Name of person giving information	<i>Melvin Brunkles</i>			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Intestinal Indigestion</i>	How long	<i>One month</i>
Immediate	<i>Malnutrition & Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>R. B. Fautin Jr.</i>	
Address		<i>Memphis Md.</i>	
Accident or Suicide?			



Name in Full		Susan Cawoy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mount Vernon		County Frederick		MARYLAND	
	Date of death	1909	Month Jan	Day 3	Age 29	Months X	Days X
	Sex	Female		Color or Race	Colored		Birth-place Md
	Occupation	Domestic		Where Residing if not at place of death		X	
	Married, Single or Widowed	Single		Name of Wife or Husband		X	
	Father's Name	Unknown				Father's Birthplace	Unknown
	Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Kate Forey				How related to deceased	No relation	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(68)</div>							
PHYSICIAN OR CORONER	Primary	Anæmia secondary to Malaria				How long	Several weeks
	Immediate	General Exhaustion				How long	Several weeks
	Are the name, age, sex, color, date and place correctly given above?		yes so		Signature of Physician		W. P. Boone M.D.
	near as exact as - certain.		Address		Frederick, Md.		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmitsburg</i>		Town <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	14	Age	78
Sex	Female		Color or Race	White		Birth-place	Emmitsburg Md
Occupation	Homes Wife			Where Residing if not at place of death			
Married Single or Widowed	Widow		Name of Wife or Husband	Peter Short			
Father's Name	Chas Rosensteel -					Father's Birthplace	Md
Mother's Maiden Name	Maria Adams					Mother's Birthplace	Md
Name of person giving information	Mrs John Hoke					How related to deceased	Daughter

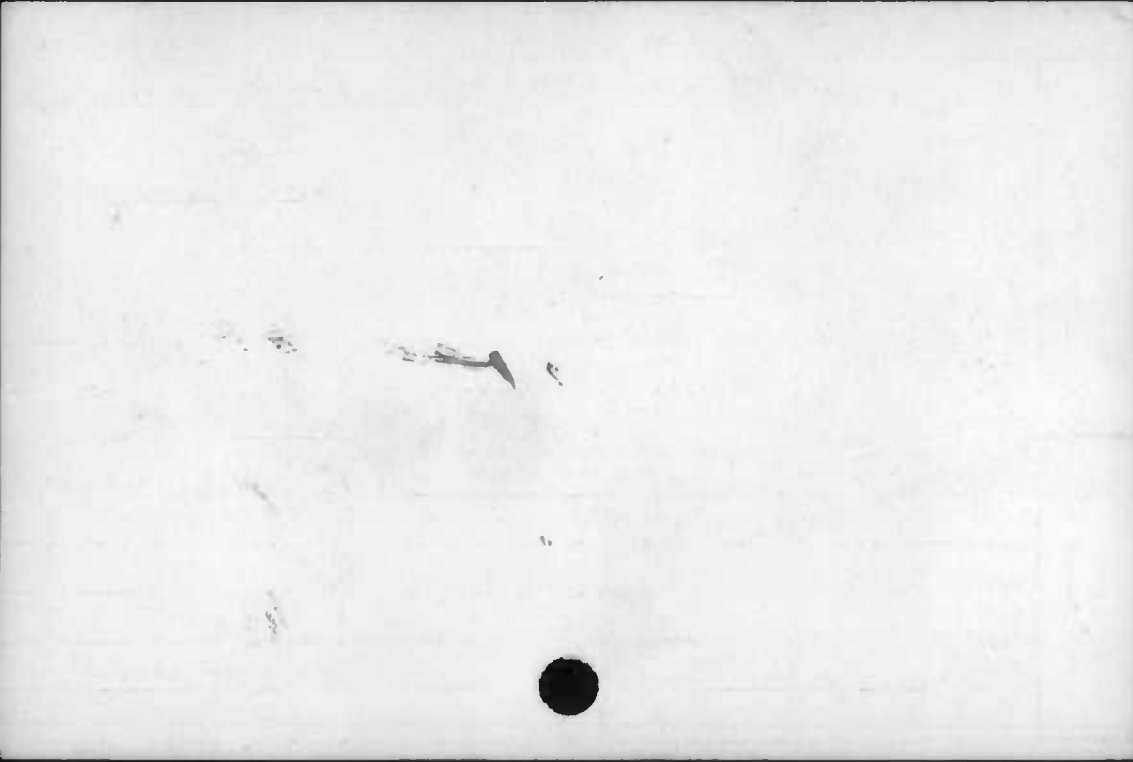
CAUSES OF DEATH

154

How long

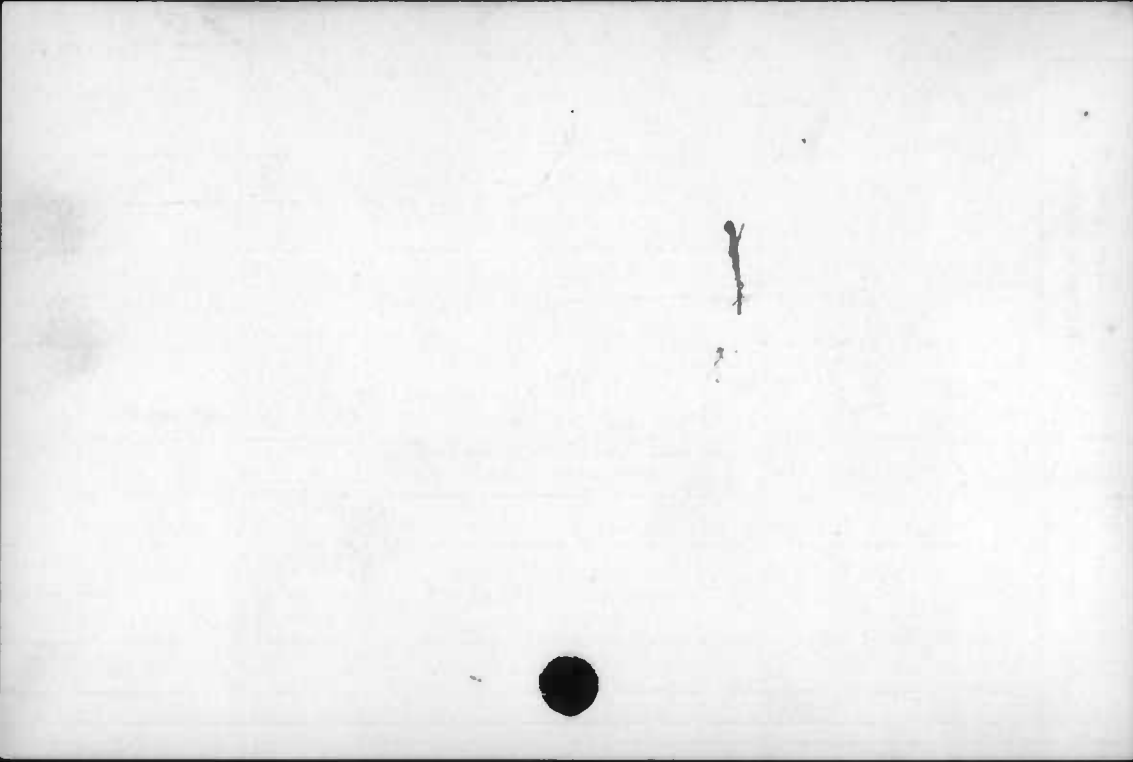
PHYSICIAN
OR CORONER

Primary	Old Age	How long	
Immediate	Hypostatic Congestion of Lungs	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Emmitsburg Md	
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Name in Full <i>Mary E Smith</i>				CERTIFICATE OF DEATH			
Died at <i>near Thurmou</i> ^{Town}			<i>Frederick</i> ^{County}			MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>	Day <i>15</i>	Years <i>47</i>	Months <i>6</i>	Days <i>21</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death _____			
Married, Single on <i>Widowed</i>		Name of Wife or Husband <i>James E Smith</i>					
Father's Name <i>Christian Griebert</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Catherine Heffner</i>				Mother's Birthplace <i>Md</i>			
Name of person giving Information <i>Jas E. Smith</i>				How related to deceased <i>Husband</i>			
CAUSES OF DEATH							
Primary <i>Dropsy and Heart disease</i>				How long <i>6 months</i>			
Immediate <i>Arterial Poisoning</i>				How long _____			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>James R. Waters M.D.</i>			
<i>Yes</i>				Address <i>Thurmou - Md</i>			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William A. Smothers</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Bunkle'sville</i>		Date of death <i>1909 Jan. 9</i>		Age <i>24</i> Months <i>11</i> Days <i>13</i>	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Frederick Co., Ind.</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Unmarried</i>	Name of Wife or Husband <i>Harriet Smothers</i>				
Father's Name <i>John Smothers</i>		Father's Birthplace <i>Frederick Co., Ind.</i>			
Mother's Maiden Name <i>Julianne Howard</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Harriet Smothers</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

176

PHYSICIAN
OR CORONER

Primary <i>Gunshot wound of chest</i>	How long <i>4 days</i>
Immediate <i>Peritonitis, Acute</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Yountz</i>
	Address <i>Bunkle'sville</i>
Accident or Suicide? <i>Homicidal</i>	<i>med</i>



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

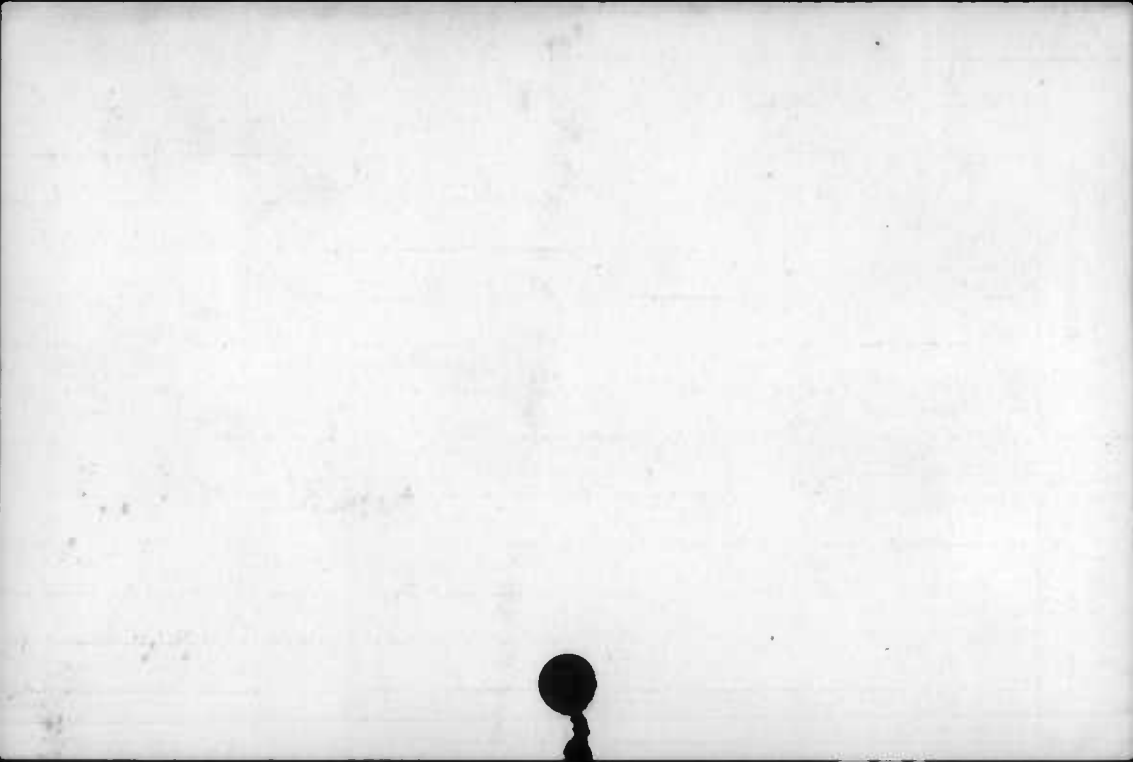
Died at *Trouville* *Frederick* CountyDate of death *1909* *1* Month *28* Day *16* Years Months DaysSex *Female* Color or Race *White* Birth-place *Md.*Occupation *House wife* Where Residing if not at place of death *Trouville*Married, Single *Married* Name of ~~Wife or~~ Husband *Howard Spear*Father's Name *John J. H. Kelly* Father's Birthplace *Md.*Mother's Maiden Name *Catherine S. Kelly* Mother's Birthplace *Md.*Name of person giving information *John E. Kelly* How related to deceased *Brother*

CAUSES OF DEATH

27

Primary *Tuberculosis* How long *11 months*Immediate *Tuberculosis* How long *11 months*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. H. Kelly*Address *Frederick, Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

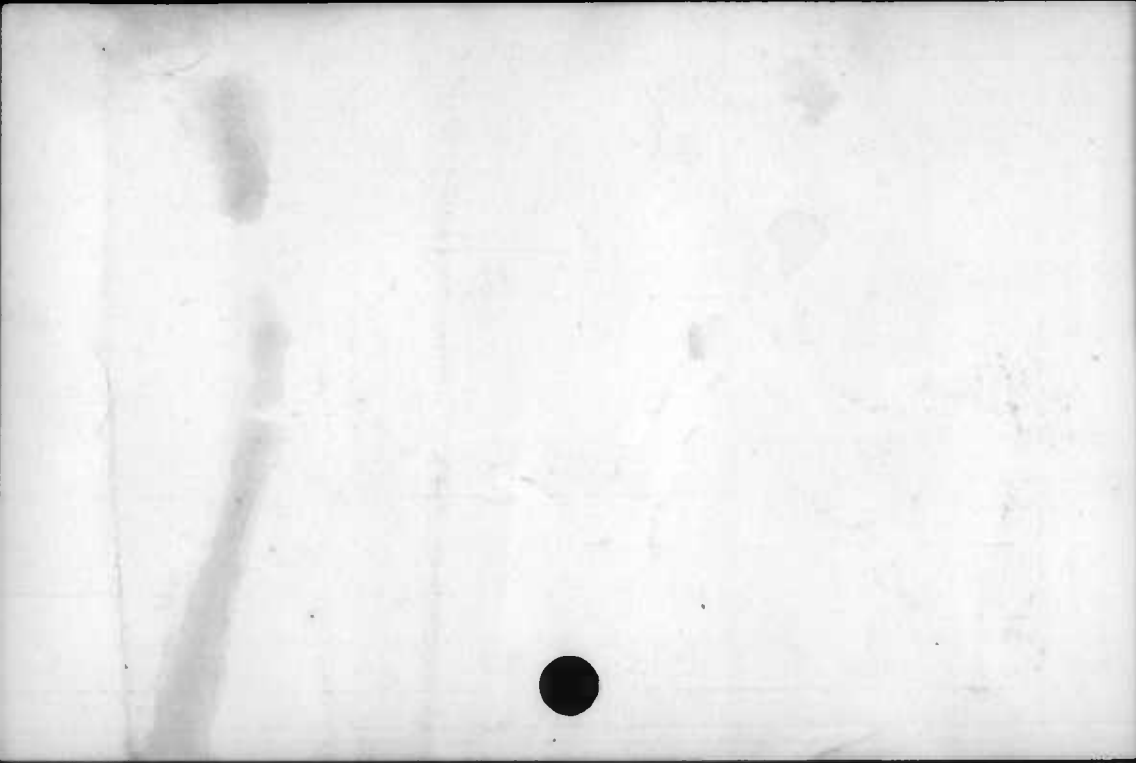
Died at <i>Frederick Md</i>		County <i>Frederick Co</i>		MARYLAND	
Date of death	1908	Month	Jan	Day	28
Age	Y 1	Months	1	Days	23
Sex	Male	Color or Race	White	Birth-place	Germany
Occupation	Retired Merchant				
Married, Single or Widowed	Where Residing if not at place of death <i>City -</i>				
Name of Wife or Husband	<i>Mary R. Hunter</i>				
Father's Name	<i>Merice J. Starr</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Annie Phillip</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Daughter</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>1 year</i>
Immediate	<i>Heart Failure</i>	How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>T B Johnson</i>
		Address	<i>Frederick, Md</i>
Accident or Suicide?			



Name
in
Full

Wm F. Steiner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buckeystown</u> ^{Town}		<u>Fred</u> ^{County}		MARYLAND	
Date of death 190 <u>9</u> ^{Month}	<u>Jan</u> ^{Day}	Age <u>49</u> ^{Years}	<u>14</u> ^{Months}	<u>14</u> ^{Days}	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>			
Married, Single or Widowed <u>Single</u>	Occupation <u>Miller</u>				
Name of Wife or Husband _____					
Father's Name <u>J. F. Steiner</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Margaret Weisel</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Mrs. E. Chusin</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Chronic Bright's Disease</u>	How long <u>2 or 3 yrs</u>
Immediate <u>Metrial + Arterio Sclerotic</u>	How long <u>Some months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>T. Clyde Roulson</u>
	Address <u>Buckeystown</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Maurice William Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Brunswick Town Fredrick County MARYLAND

Date of death 1909 Jan. Month 17 Day 9 Age 9 Years 9 Months 9 Days

Sex male Color or Race white Birth-place Brunswick

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Thos. H. Sullivan

Father's Birthplace

W. Va

Mother's Maiden Name

Lella M. Fouch

Mother's Birthplace

Washington Co.

Name of person giving Information

How related to deceased

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia & middle ear disease

How long

5 days

Immediate

Meningitis

How long

Do not know

Are the name, age, sex, color, date and place correctly given above?

Yes

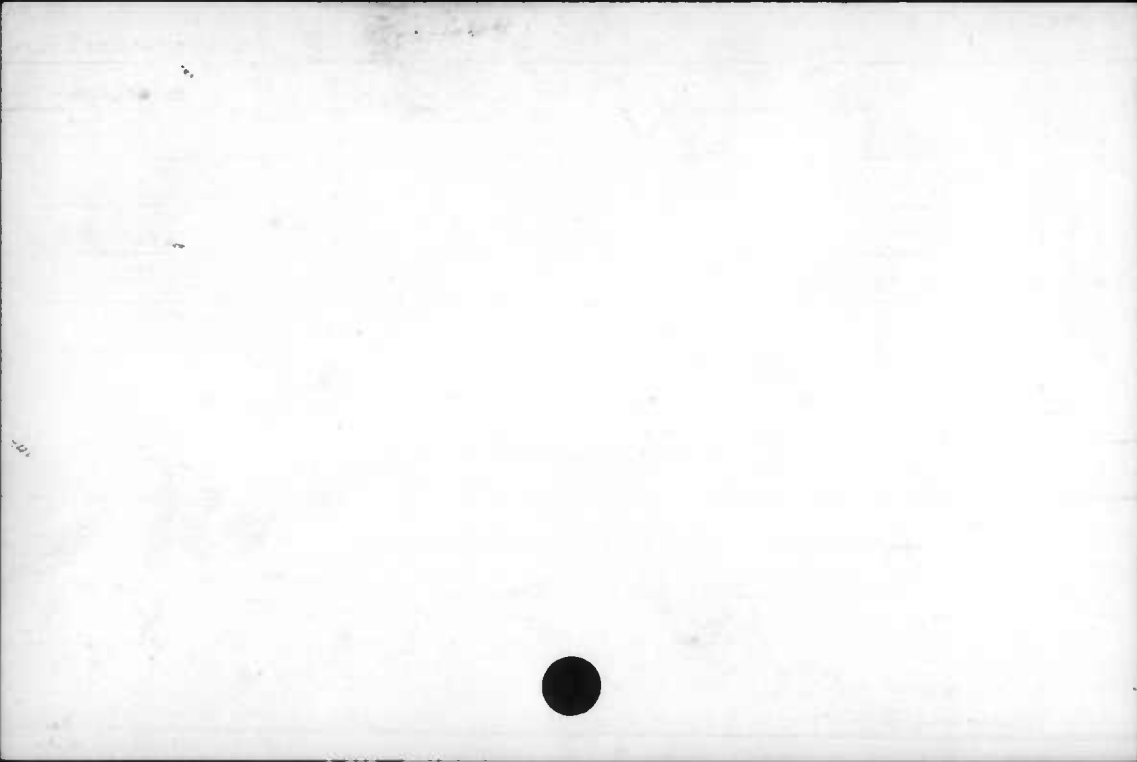
Signature of Physician

Address

(as case came in my hands only as I had few hours before death)

R. C. Smith
Brunswick, Md.

Accident or Suicide



Name
in
Full

Elizabeth Thompson No. 2

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Thompson* ^{County} *Fredricks* **MARYLAND**

Date of death *1909 Jan 8th* Age *70* Months *7* Days *8*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Bushnell Thompson*

Father's Name *Ball Spurrier* Father's Birthplace *MD*

Mother's Maiden Name *Eliza Watts* Mother's Birthplace *MD*

Name of person giving information *Rosannah Thompson* How related to deceased *Daughter*

CAUSES OF DEATH

10

PHYSICIAN
OR CORONERPrimary *Piphe Pneumonia*How long *one week*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

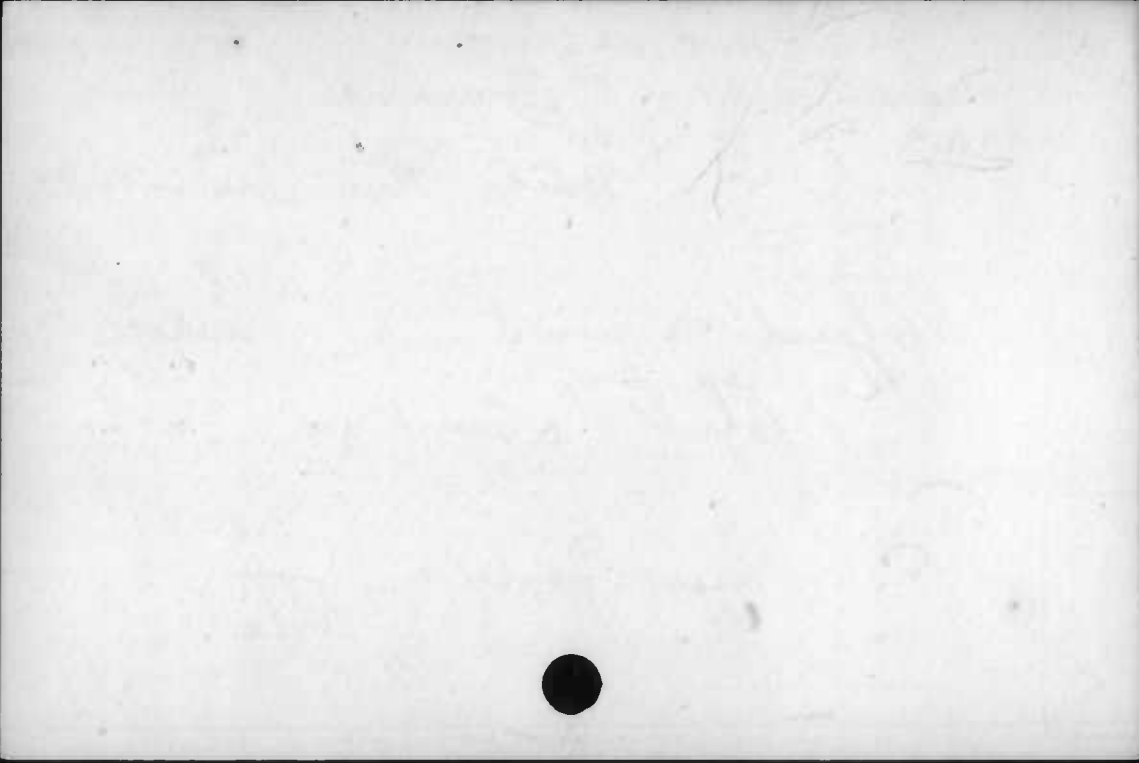
Address

R. C. Fouts, M.D.

Thompson

MD.

Accident or Suicide? *—*



Name
In
Full

Not named. Trout

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

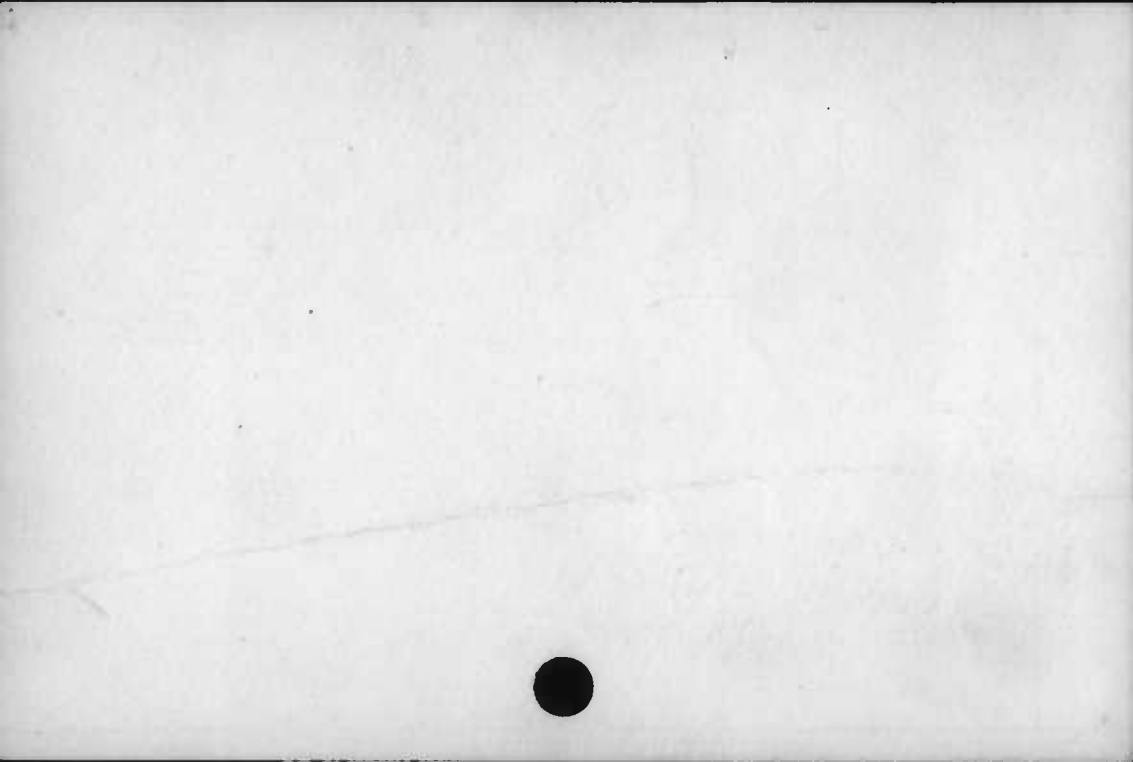
Died at <i>near Mc. Kaig</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>1</i>	Day <i>4</i>	Age <i>36</i>	Years <i>hundred</i>	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick Co.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Claude Trout</i>				Father's Birthplace <i>Frederick Co.</i>			
Mother's Maiden Name <i>R. May Dwyer</i>				Mother's Birthplace <i>cc cc</i>			
Name of person giving information <i>Claude Trout</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Concussion of Brain.</i>	How long	<i>30 hours</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. L. Leib</i>	
		Address <i>Mt. Pleasant Md.</i>	
Accident or Suicide?			



Name
in
Full

Phillip Hammond Kelly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indenit</i> ^{Town}			County <i>No</i>			MARYLAND		
Date of death	<i>1909</i>	Month <i>1</i>	Day <i>9</i>	Age <i>75</i>	Years <i>-</i>	Months <i>8</i>	Days <i>17</i>	
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Wash. les Mt</i>				
Occupation <i>Booper</i>				Where Residing if not at place of death <i>x</i>				
Married, Single or Widowed				Name of Wife or Husband <i>Mrs Phillip Kelly</i>				
Father's Name <i>Es Kelly</i>						Father's Birthplace <i>Wash les Mt</i>		
Mother's Maiden Name <i>Frauces Hammond</i>						Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Mrs Phillip Kelly</i>						How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemiplegia</i>	How long <i>3 years</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Found dead in bed</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Andrew Buchanan Smith</i>
	Address <i>city</i>
Accident or Suicide?	

